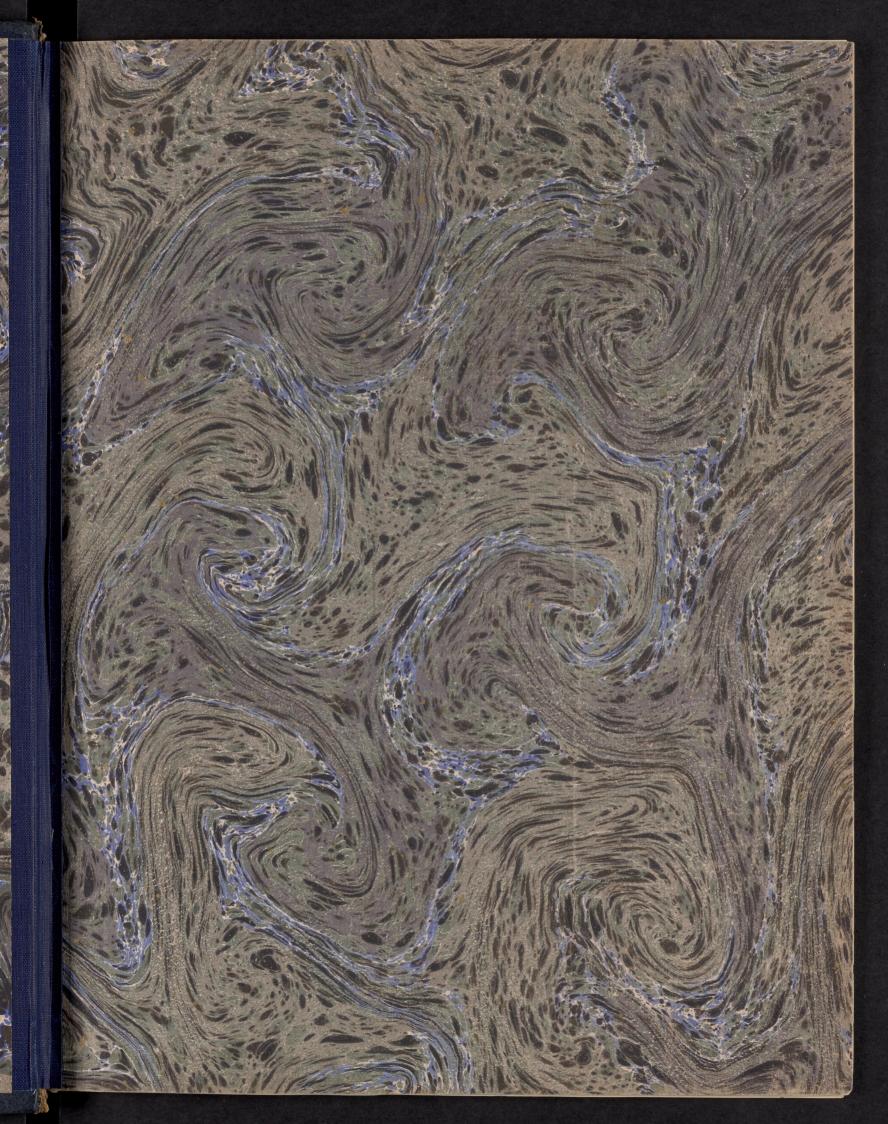


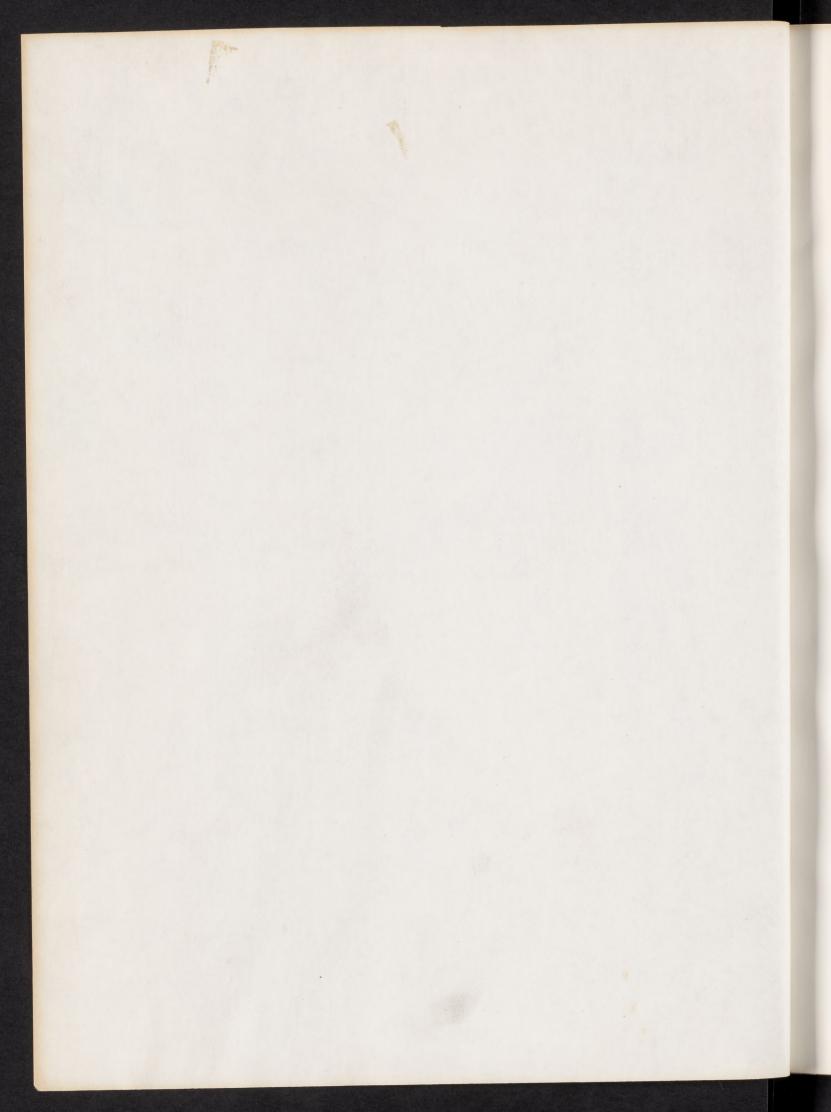
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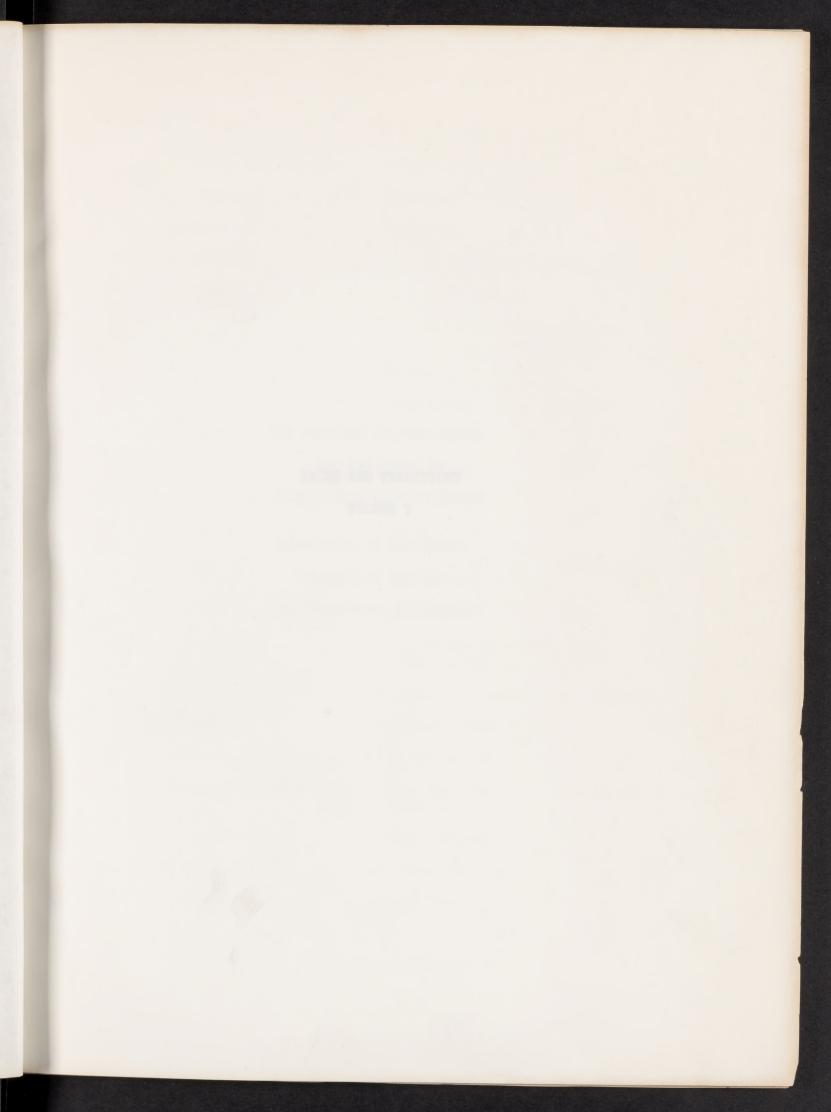
Tales & Traditions

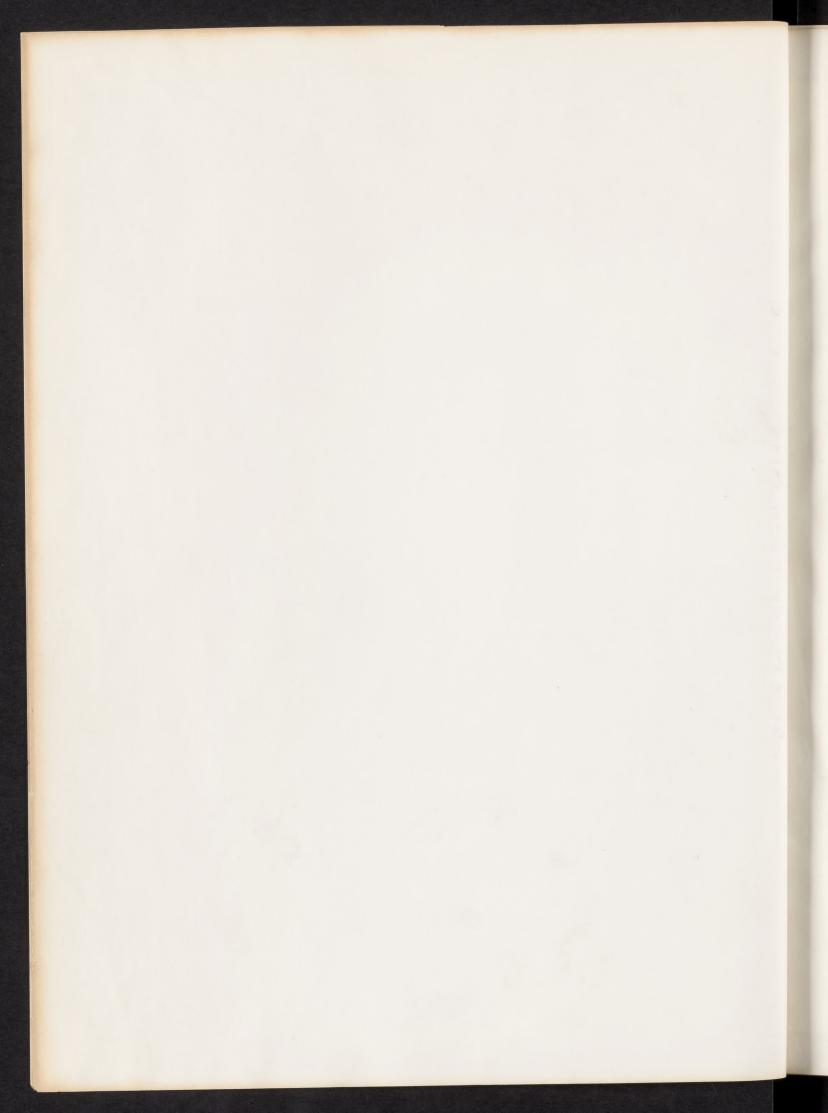












TALES AND TRADITIONS

VOLUME V

TALES AND TRADITIONS

VOLUME V

The Material in This Volume

Was Collected by

ALUMNI-FACULTY ASSOCIATION

University of California
School of Medicine
San Francisco, California

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University of California School of Medicine San Francisco, California

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A UNIQUE PROFESSORSHIP:

DOROTHY M. HORSTMANN

The New Haven Register



Polio Authority Is Appointed To Full Professorship At Yale

Dr. Dorothy M. Horstmann, of in 1948 and associate professor 17 Livington St., a noted authority on poliomyelitis, has been named a full professor at the Yale University School of Medicine. She is the first woman court to attain a full professor. ever to attain a full professorship at the school.

A member of the Yale staff

DR. D. M. HORSTMANN

since 1943, her new position as professor of epideminology and pediatrics will become effective immediately. Although women have been on the Yale medical staff for several decades, none had been named full professor previously.

Dr. Horstmann's first duties at the school were as instructor in preventive medicine. She was named assistant professor

Advertisement

Her research on polio has been carried on in clinics and laboratories and in field investigations around the world. In 1959 she was selected by the world Health Organization (W.H.O.) to go to Russia and evaluate the mass vaccination go to regrams with live policyirus tick. programs with live poliovirus vaccine of the type developed by Dr. Albert Sabin. She reported that at the time more than 10,000,000 persons had been vaccinated in a well-organized pro- our gram, and that the oral vaccine sar seemed to have caused a marked da decrease in the incidence of Fo paralytic polio in Russia.

A research finding by Dr. Horstmann in 1952 is considered one of the four or five milestones in in the long fight against polio which culminated in the development of successful vaccines. Dr. Horstmann at Yale and Dr. David Bodian at Johns Hopkins, o working independently, discovaered simultaneously the presence of polio virus in the bloodstream in early stages of the idisease, thus confirming that polio could be intercepted by v vaccine-stimulated antibodies in ii the bloodstream.

A native of Spokane, Wash., Dr. Horstmann attended Polyitechnic High School in San Brancisco, and received her fa

April 29, 1963

Wm. Carter, M.D. U.C. Medical Library

Dear Dr. Carter:

Enclosed is the clipping of Dorothy Horstmann which we discussed the other day in the hallway, and which I said I would send. She is a good friend and was in my class at medical school.

Sincerely,

James Hopper, Jr., M.D.

encl. JHJr:dg

formes This is will worthy of inclusion
of TALES & TIBADITIONS
in Volume V of TALES & TIBADITIONS

over

ALUMNI ASSOCIATIONS

CENTE

U. C. School of Medicine

ALUMNI ASSOCIATIONS, UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE

A review of the Announcements of the School of Medicine of the University of California in San Francisco indicates that the first attempt to organize such an Association was made at the turn of the century.

Apparently it lapsed until the thirties when a second attempt was made, this time under the direction of the worthy Hiram Miller and the energetic Salvatore Lucia. A laudable Bulletin was issued (see Volume IV of TALES AND TRADITIONS in the Historical Library), but the project lapsed after the second year, apparently from lack of financial support or possibly non-interest. A ghost association continued, but without organization. Its chief activity was the promotion and direction of the annual Banquet given at the Palace or the St. Francis Hotel in honor of the year's graduating class. This project was ably promoted and administered by Warren Bostick.

A third attempt was made during the fifties. It was conceived that the excellent weekly Grand Rounds of the Medical Division deserved notice. The tape-recorder had then come into vogue, and the whole session was recorded and transcribed and published in booklet form under the auspices of the revived Alumni Association. Unfortunately, the project was a financial failure, and in about a year the Association was bankrupt with a debt of some fifteen hundred dollars.

When Francis Scott Smyth became Dean in the early fifties, he asked William E. Carter, long director of the Outpatient Department and then retired, to take over the general direction of the project. Donations were solicited and sufficient funds raised to pay the debts; a new start was made, but with a modest outlay. Dues at first were but two dollars a year. A small but instructive Bulletin was published. A drive for membership was instituted and was immediately successful. Today (1963), the Association numbers 3700 members. It issues a worthy Bulletin, is debt-free, provides four annual freshman scholarships, and has a modest bank balance.

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A CHRISTMAS GREETING

TO

MEN IN SERVICE

WORLD WAR II.

A CHRISTMAS GREETING

OT

MEN IN SERVICE

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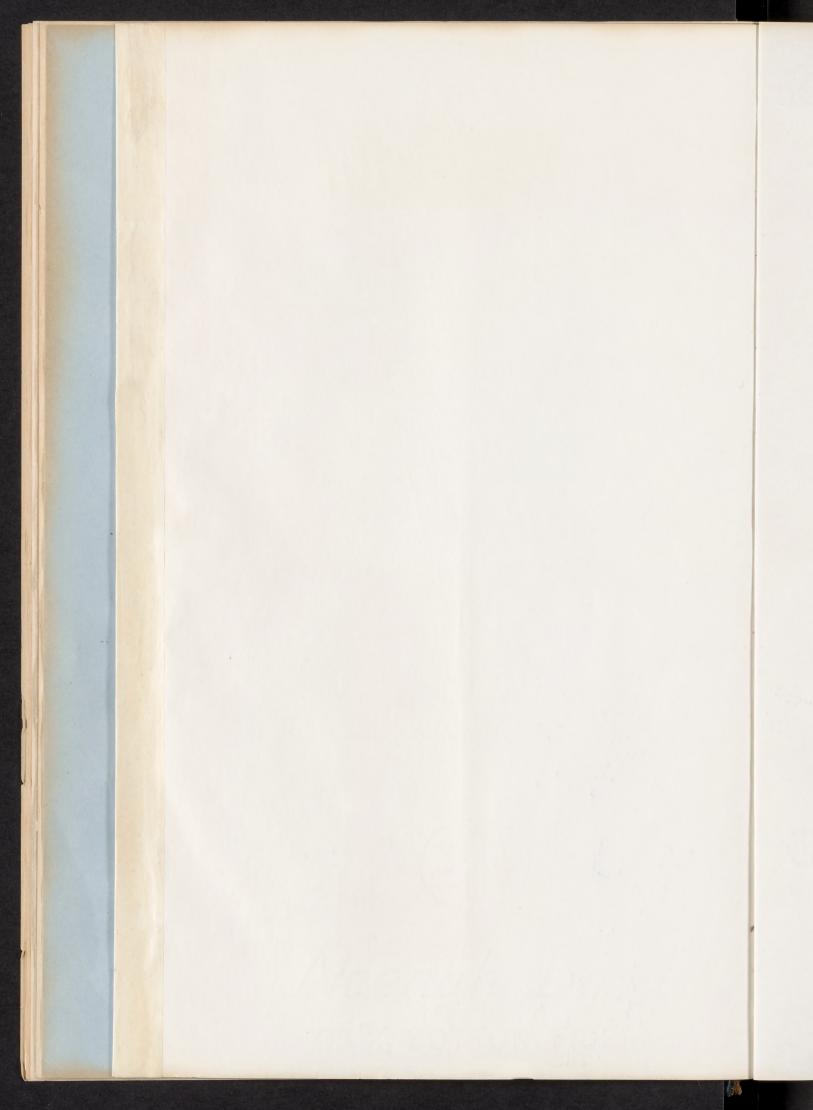


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DEFENSES

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Stationed in Out Tuesday, July 3, 1945

Antwerp Free From V-Bombs One Day in 175

(Third in a series of stories on Antwerp, great supply port which was a daily target of V1 and V2 bombs for six months.)

By David A. Gordon
Stars and Stripes Staff Writer
ANTWERP, July 2.—There was only one day between Oct. 7, 1944, and March 30, 1945, when no bombs dropped on Antwerp. That was St. Patrick's Day. But 4,883 V-bombs were hurled at the port so that all other days of that period were filled with death and destruction.

The waiting that is so large a part of war becomes a time space similar to the days a condemned man sweats out before taking his trip to the electric chair. It was like that in Antwerp, particularly during the period that the so-called flying bomb—or V2—winged its way into the city was this true. The V2 gave no warning, unlike the V1, which could be heard.

"You know what we used to say when the buzz bombs were coming over?" a sergeant said, "We used to say, 'keep goin,' you bastard. That blast was a funny thing. It would happen quick, in a flash. And then you would be covered with gray dust, just like that, and you wouldn't know how it happened."

"Yeah." a lieutenant who was

Blast Acts Like Liquor

"Yeah," a lieutenant who was talking to the sergeant said. "The taking to the sergeant said. "The effect of a blast when it hits you is the oddest damn thing in the world. Like a cat, you know, getting its feet caught in fly paper. Then you'd think you were getting up on your feet from the ground but you weren't."

"GIs would walk into a building," the sergeant said. "and they would

up on your feet from the ground but you weren't."

"GIs would walk into a building," the sergeant said, "and they would be unsteady, and I'd look at them—that was in the beginning—and I'd say. 'You're drunk.' They would get sore and swear they weren't drunk. An' they were right. It was that blast."

The direct hit by a V2 on the Rex theater. which is on the Kaiserlei (the main street). occurred on a Saturday afternoon. Dec. 16, at 1530 hours when the theater was jammed with civilians and soldiers and sailors. It killed 567 persons, 296 of them military personnel. It gridously, injured 291, of whom 194 peoloning but sem subadys sinv sunding up about 11 the theater was jammed with civilians and soldiers and sailors. It killed 567 persons, 296 of them military personnel. It gridously, injured 291, of whom 194 peoloning but sem subadys sinv injured 291, of whom 194 peoloning but sem subadys sinv injured 291, of whom 194 peoloning up about 11 the theater was jammed with civilians and soldiers and sailors. It killed 567 persons, 296 of them military personnel. It gridously, injured 291, of whom 194 peoloning but sem subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom 194 peoloning but subadys sinv injured 291, of whom

-- News clipping from "Stars & Stripes", World War II.

> The 30th General Hospital was stationed in Antwerp during this period of bombing.

(History of the 30th General Hospital in World War II.)

Meyer Schindler, M.D.

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"Like Wax Museum'

'Like Wax Museum'

The roof and two ends of the theater were completely destroyed, although the balcony remained in position. Soldiers and girl companions, killed by shock and covered with gray dust, leaned forward in their seats in the balcony as though watching a performance. One of the men who came to the theater after the hit described them as being "just like figures in a Wax Museum."

After the Rex tragedy, all theaters and other places of entertainment.

and other places of entertainment were ordered closed, and no gathering of more than 50 persons was permitted in any house or restau-

rant.

Another huge casualty list resulted on Nov. 27 at 1210 hours, when a V2 hit the busiest crossroad in Antwerp—Frankrijlei-Kayserlei-Teniers Plaats—while men and women were on the streets hurrying to noon lunches. The dead totaled 154. 26 of them British and American soldiers, The seriously injured totaled 309, including 113 military.

-- News clipping from "Stars & Stripes", World War II.

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(History of the 30th General Hospital in World War II.)

Meyer Schindler, M.D.

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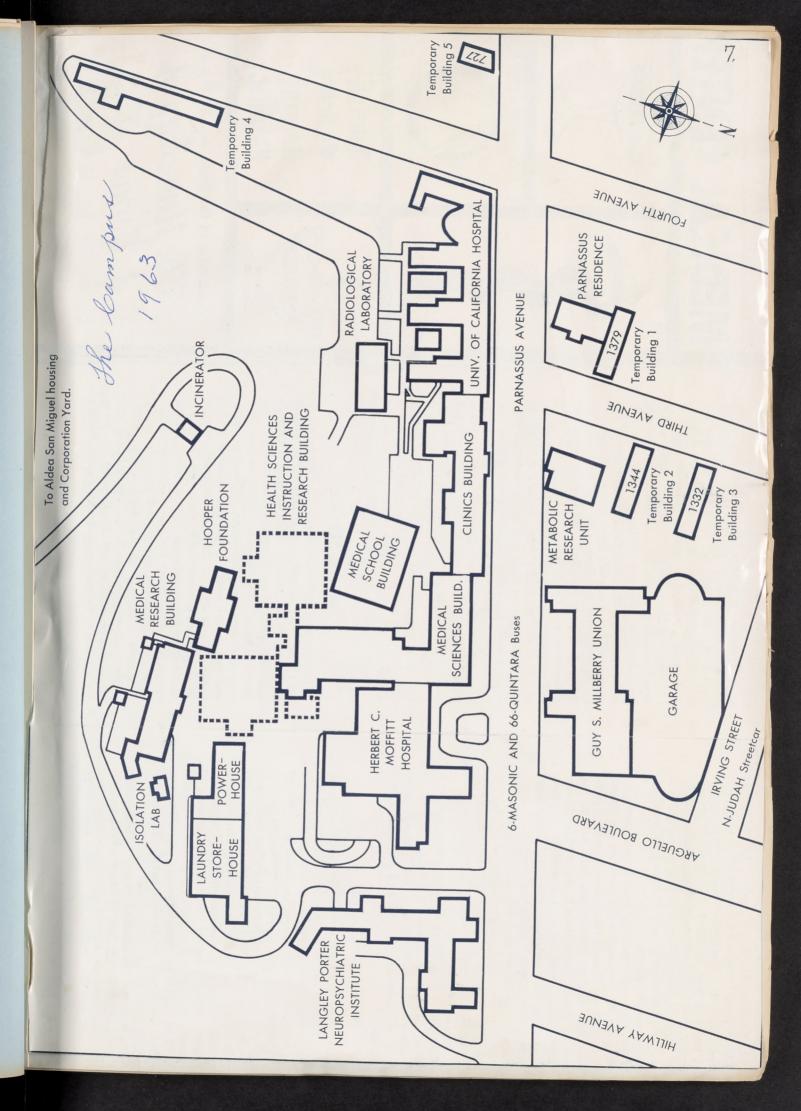
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(History of the 30th Oeneral Hospital in World War II.)

Meyer Schindler.M.D.

THE CAMPUS
1963

To Aldea San Miguel housing



The Goodharte Districts offers the M.A. M.S., and the Goodharte Districts offers the M.A. M.S., and i.D. degrees in anatome, last-free same accordance to the block-market block-market same and contrasted to the same and the sa

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continuing Education in Medicine and Healt imness and the Postgraduate Dental Center off with the cores and scientific was a for practicing members of the health press for practicing members of the health press.

RESEARCH

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Research at the Medical Center is being concreted by staff members of every school and degramment, and in several special institutes and paratories. The significance of this work is reported in the rapid growth of research support from

Ophthalmology, the Badiological Coratory ported by the Atomic Energy Come on an around it 70-million-velt nation on an around it 70-million-velt nation on an around it 70-million-velt nation on an around it forms again Research Labor to precipe in diagnesse radiology. The great Med Horma Scarch States will be moved in San Francisco Investigators of the from San Francisco Investigators of the Scarch San English Scarch Center, the Research and English Research and Center, the Research and

two major themes recursioned at the examination of man and his diseases: the interact with the other organisms and forces the interact with the other organisms and forces the interact with the other organisms of the examination of the processes be the the cellular leve These seemingly opposite apparaches have must in common, for, as one San Francisco salutist puin, "Changes in the behavior of organisms it." "Changes in the behavior of organisms at the level of cellular components and biochemic at the level of cellular components and biochemic molecules. Thus, the ecologist san raise many the vital questions that the molecular biologist

HEALTH SERVICE

the test of the time to a substantial volume and in turn to a substantial volume and in turn to a substantial volume and effect and so the West The siversity of California and the more than 2,200 to the part pay medical more than 2,200 to the part pay medical for special study and treatment. Typical and desposite since those for open heart operations; returned to those for open heart operations; returned to those for open heart operations; return to the transition of substantial to the turn to board; and orders; return mentations by the turn to board; and orders; return manner meant of the turn to board; and orders; return manner meant of the turn to board; and orders at the turn to the palate problems by a team of dental, medical, and speech therapy

Mursing Pharmac The University of California (1988)

THE CARICATURES

BY

GERMAINE YOUNG

THE CARICATURES

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GERMATIME YOUNG

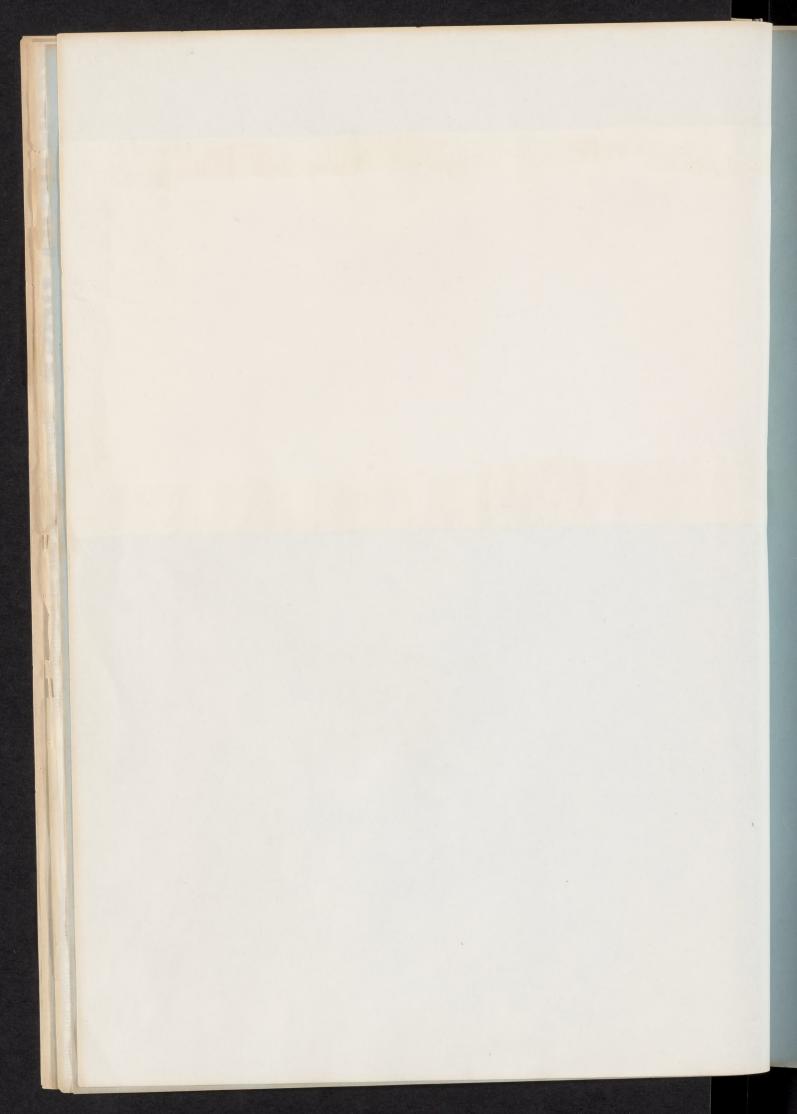
THE CARICATURES

During World War II the School of Medicine lost about 150 of its men to the Armed Services.

The remaining Staff and Faculty members were hard-pressed to keep up the teaching, especially in view of the fact that it became necessary to compress the four years of instruction into three. Nobody was getting enough sleep; and when the war ended and the Men in Service returned, there was great rejoicing.

A big Banquet was arranged at the Palace Hotel. (See group photograph.) A talented young caricaturist of the Department of Medical Illustration (now Audio-visual Department), Germaine Young, was commissioned to caricature the Faculty men and women who kept things going at home and who were referred to as "The Leftovers".

On the night of the Banquet for Returnees, a gala evening attended by Governor Warren, General Hawley and other notables, the caricatures were projected on the screen to the hilarious delight of the Servicemen. The speaker referred to them as: THE BATTLE SCARED HEROES OF MOUNT PARNASSUS.



DR. CARTER HONORED

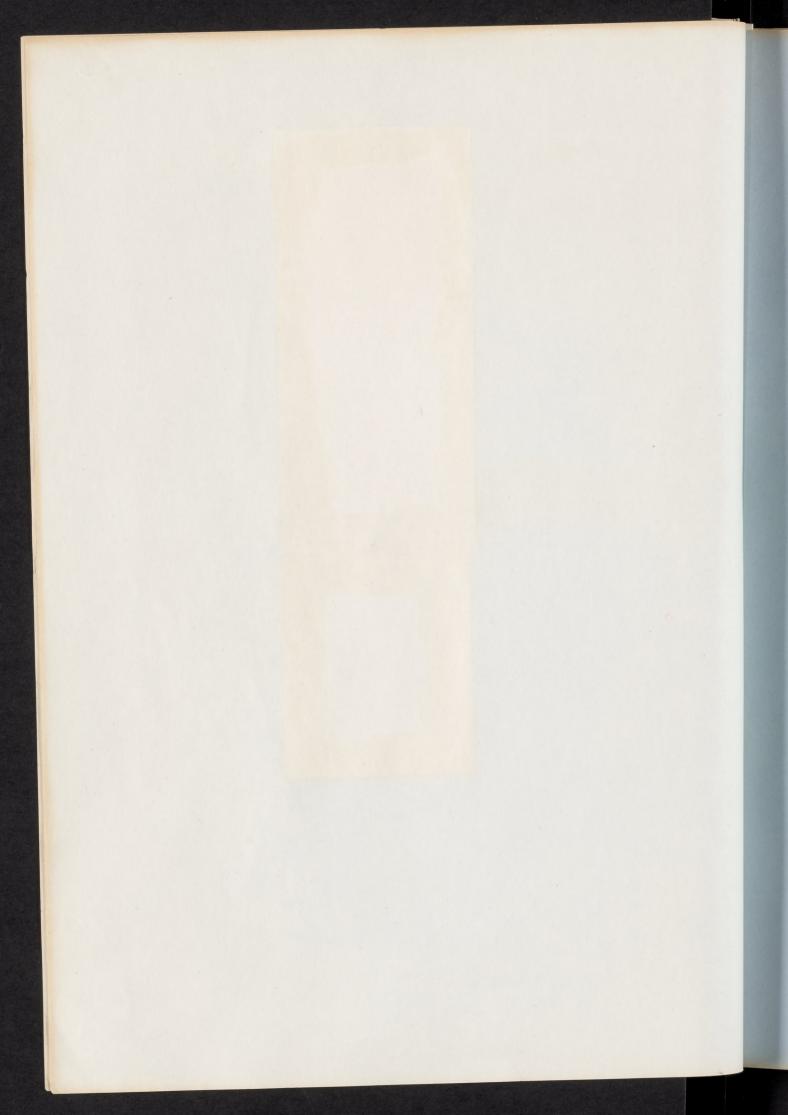
Campus Bulletin

DR. CARTER HONORED

An exhibit honoring Dr. William E. Carter on his eightieth birthday will be on display in the Millberry Union lobby through October 2. It is a singularly appropriate exhibit, consisting of the collection of documents and books assembled by Dr. Carter in his role as "guardian of the traditions of the School of Medicine."

Dr. Carter, who has been associated with the Medical Center since 1919 and was Direcstor of the Outpatient Department from 1929 until 1950, has devoted many years to recording the history of the School of Medicine from its birth in 1864 to the present day. He has collected publications, photographs, and other memorabilia; obtained the personal recollections of many faculty members, past and present, which now constitute several manuscript volumes entitled "Tales and Traditions;" and assembled first editions of many books written by faculty members (including the classic text in pediatrics on which he and Dr. Langley Porter collaborated). Two special volumes are devoted to the school's participation in the two World Wars, and one to original contributions by Dr. Carter himself.

The collection has been sponsored by the Alumni-Faculty Association (which Dr. Carter has long served as Councillor-at-large), and is now part of the Medical Center Library archives.



THE ONE HUNDREDTH
COMMENCEMENT

HTGSSGMUH SMO SHT

UNIVERSITY OF CALIFORNIA



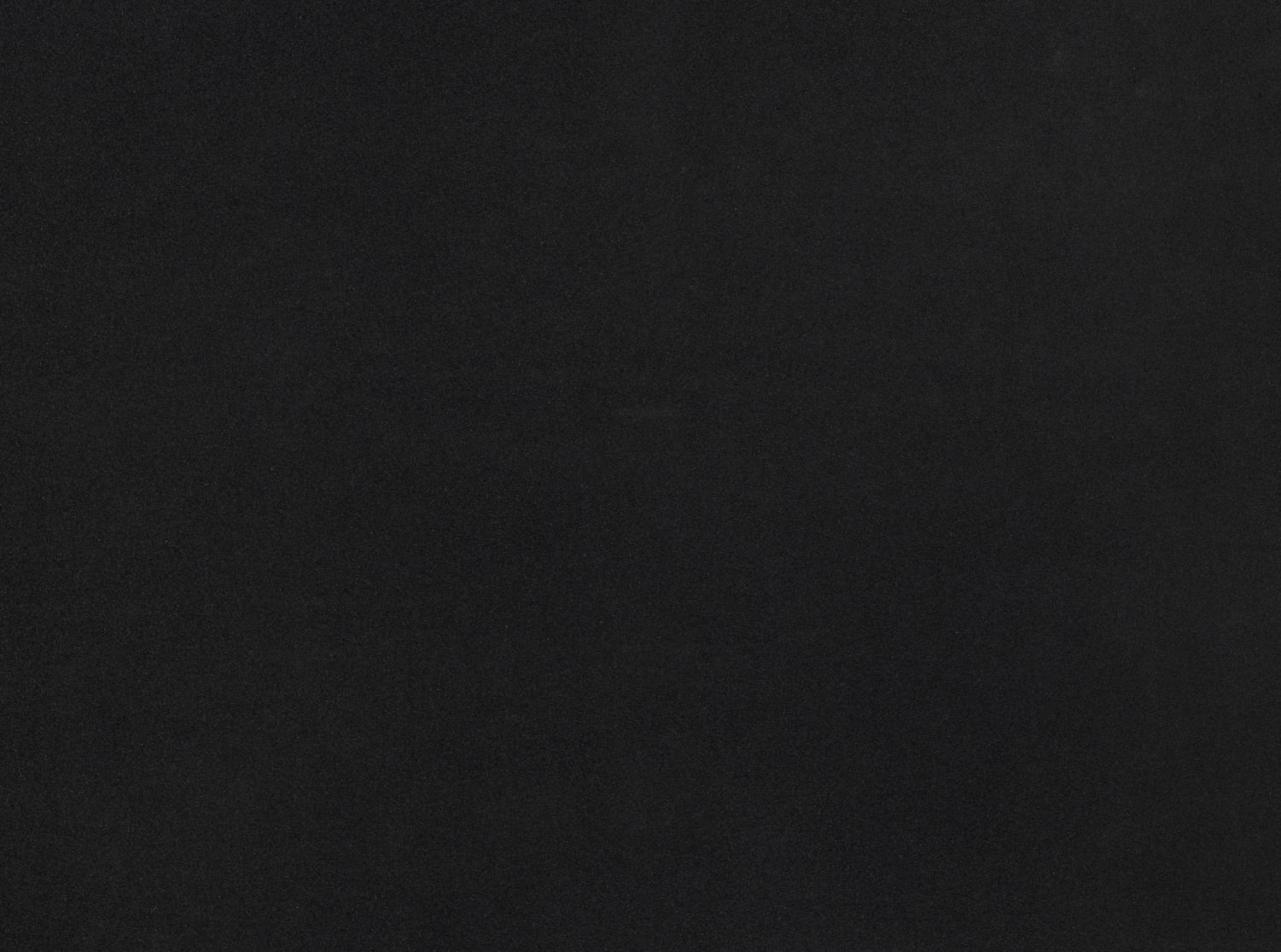
THE ONE HUNDREDTH COMMENCEMENT

JUNE 1, 1963

G U Y S. MILLBERRY UNION SAN FRANCISCO MEDICAL CENTER

This is not the one hundredth year of the Achool's existence. That comes in 1964, (During the World War Ti courses were compressed which accounts for 100 commencements in 99 years)

THE ONE HUNDREDTH COMMENCEMENT



PROGRAM

ENTRY OF CANDIDATES

SPECIAL MUSIC

ACADEMIC PROCESSION

NATIONAL ANTHEM

Women's Chorus of the Medical Center Choral Society

INVOCATION

The Reverend Harry B. Scholefield, S.T.B., D.D.
Minister of the First Unitarian Church

FOR VALUE RECEIVED

Ralph Henry Heath
Vice President, Associated Students
University of California San Francisco Medical Center

FAREWELL REMARKS TO THE CANDIDATES

Provost John B. deC. M. Saunders, Chief Campus Officer

CONFERRING OF THE UNDERGRADUATE DEGREES AND CERTIFICATES

The President of the University of California

Degrees are conferred and certificates awarded in the following order:

Undergraduate Certificates
Medical Illustration
Medical Technology
Orthoptic Technique
Physical Therapy
X-Ray Technique

Exfoliative Cytology

Undergraduate Degrees
School of Dentistry
School of Nursing
College of Pharmacy
School of Medicine
School of Medicine, Curriculum
In Physical Therapy

CITATION FOR DISTINGUISHED TEACHING

CONFERRING OF PROFESSIONAL AND GRADUATE DEGREES

The President of the University of California Degrees are conferred in the following order:

Professional Degrees
Doctor of Pharmacy
Doctor of Dental Surgery
Doctor of Medicine

Graduate Degrees
Master of Dental Surgery
Master of Science
Master of Arts
Doctor of Philosophy

PROGRAM

CONFERRING OF HONORARY DEGREES

By the President of the University upon:

LeRoy C. Abbott

Professor of Orthopaedic Surgery, Emeritus
Escorted by Dr. Verne T. Inman
Chairman of the Department of Orthopaedic Surgery
Jacob C. Geiger
Clinical Professor of Epidemiology, Emeritus
Escorted by Dr. Max S. Marshall
Vice Chairman of the Department of Microbiology

DISTRIBUTION OF SCROLLS

The President of the University

Dean Troy C. Daniels

Dean Robert H. Crede

Dean Willard C. Fleming

Dean Harold A. Harper

Dean Helen E. Nahm

ADDRESS TO THE GRADUATES: EDUCATIONAL AND CULTURAL AFFAIRS – A FOURTH AND NEW DIMENSION IN FOREIGN POLICY

Dr. Franklin David Murphy Chancellor, University of California, Los Angeles

ALL HAIL

Women's Chorus of the Medical Center Choral Society

All Hail! Blue and Gold, thy colors unfold, O'er loyal Californians, whose hearts are strong and bold, All Hail! Blue and Gold, thy strength ne'er shall fail; For thee we'll die. All Hail! All Hail!

All Hail! Blue and Gold, to thee we shall cling;
O'er golden fields of poppies thy praises we will sing;
All Hail! Blue and Gold, on breezes ye sail;
Thy sight we love. All Hail! All Hail!

BENEDICTION

The Right Reverend Richard Millard, S.T.M. Suffragan Bishop Episcopal Diocese of California

EXIT MUSIC

Allegro (Concerto No. 12) George Frideric Handel (1685–1759)

UNIVERSITY MARSHAL

Professor Louis A. Strait

HONORARY MARSHALS

Daniel I. Aller, M.D., 1913 Geneva Danford, B.S., 1938 Edwin I. Beeson, D.D.S., 1913 Edwin J. Hyman, D.D.S., 1938 Louise Yeazell, M.D., 1938

FACULTY MARSHALS

William C. Deamer Janet L. Erickson

Robert M. Featherstone Frank M. Goyan

Howard M. Myers

At the conclusion of the exercises, parents and friends of the graduates are invited to remain and make the acquaintance of members of the faculty.

CITATION FOR DISTINGUISHED TEACHING

The University of California prizes highly the ability to nurture a love of learning and to transmit the fund of human knowledge. As testimony of their dedication to good teaching, its faculties yearly choose, from among their members of less than five years' standing, a small number to receive formal praise for exceptional gifts and dedication to the art of instruction. From the University of California, San Francisco Medical Center, the San Francisco Division of the Academic Senate has chosen in 1963 to receive this citation for exceptional merit in teaching:

William Silen Assistant Professor of Surgery

Honorable Mention

William F. Hoyt Assistant Professor of Ophthalmology

ACKNOWLEDGEMENTS

The students and faculty of the University of California wish at this Commencement to honor the distinguished and faithful service of certain staff members. Their contributions to teaching, research, student affairs, and their public service extend over a period of many years. We hope that the recognition we accord them here in some small way indicates our appreciation for their outstanding efforts in our behalf.

Magdalino Cawaring, Laboratory Helper
David M. Greenberg, Professor of Biochemistry, Emeritus
Francis Hope, Senior Animal Caretaker
Eleanor Little, Editor III
Bernice Lundberg, Dormitory Supervisor
Marie Smith, Press Operator
Max Reichen, Associate Research Engineer
Valentino Roses, Senior Cook
Francis S. Smyth, Professor Emeritus, Coordinator of Airlangga University
Indonesia Project
Dorothea Trimble, Principal X-Ray Technologist
Viola Turner, Laboratory Assistant I
Florence Wallace, Head Mangle Operator
Phyllis Zweigart, Laboratory Technician II

Ushers are members of the University of California San Francisco Medical Center Graduate Academic Students Association and students in the basic program in the School of Nursing.

The color guard is composed of members of the Midshipman Color Guard (University of California) Naval R.O.T.C. Unit, Berkeley.

The Commencement Exercises are arranged under the supervision of Provost John B. deC. M. Saunders and the Committee on Public Ceremonies.

Ellen Brown
Otto E. Guttentag
Eugene C. Jorgensen
Dorothy K. Loveland
Dorothy B. Norris

Herman P. Riebe
Joseph Viera
Margery Wagner
M. Helen Chryst, Ex officio
Joanne Gompertz, Ex officio
Robertson Pratt, Chairman

ACADEMIC DRESS IN THE UNITED STATES

The cap, gown, and hood are descended from articles of dress worn by church dignitaries in the Middle Ages. Today, the cap and gown indicate that the wearer is a member of a university or college. The hood shows that he has a degree.

The black serge or broadcloth cap is worn for all degrees, but the doctorate is entitled to a gold tassel and to a velvet cap. At the University of California, candidates for both the bachelor's and master's degree wear the bachelor's gown with long pointed sleeves. The doctor's gown has round, bell sleeves, and is faced down the front and barred on the sleeves with velvet, either black or of the degree color.

The lengths of the hoods are: bachelor, three feet; master, three feet and a half; doctor, four feet. Each hood has a colored border on the outside representing the faculty from which the wearer graduated, for example:

Arto I attant II
Arts, Letters, Humanities White
Dentistry Lilac
E.L Lilac
Education Light Blue
Law Purple
I :1
Library Science Lemon
Medicine
Green
Nursing Apricor
Phorman
Pharmacy Olive Green
Philosophy Dark Blue
Dark Blue
Public HealthSalmon Pink
Science
Science Golden Yellow
Social Work Citron
Citron

Each hood is lined with silk in the colors of the university granting the degree. Some examples of these colors are:

** .

University	Lining
California	6 11
Columbia University	···· Gold and Bl
Columbia University	Light Blue and Whi
The chive sity	C .
Kansas	D1 10:
Kansas	· · · · · · Blue and Crims
and the state of t	Maiza and Danel . n.
The State ChiveIsity.	San-1-1 10:1 a
Carrollia	C-11 10 11
Chiveletty	C- 1° 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Washington	cardinal and white
	Purple and Cal

Members of the Board of Regents of the University of California wear distinctive dress consisting of royal blue gowns and collaria offici. The gowns are faced with black velvet panels which in turn are trimmed with a black and gold braid; the sleeves are square and cuffed with a wide black velvet band. The collaria are narrow scarves of blue satin, with gold tassels hanging in front.

WHY THE ONE HUNDREDTH COMMENCEMENT?

The University of California at San Francisco comprises the Schools of Medicine, Pharmacy, Dentistry, Nursing, and the Graduate Division. The School of Medicine is the outgrowth of the Toland Medical College established in 1863. The School of Pharmacy started as the California College of Pharmacy in 1872 and became affiliated in 1873. The School of Dentistry was established by the Regents in 1881 as the College of Dentistry. The School of Nursing dates from 1907 when the Three-Year Hospital Training School for Nurses was established. The Graduate Division was established in 1961.

The first diplomas were granted to graduates of the Toland Medical College on the San Francisco campus in 1864. For the next thirty-three years diplomas were granted at ceremonies in San Francisco, separate from the ceremonies on the Berkeley campus. In 1898, and for the next sixty-two years, graduates of the schools and colleges on the San Francisco campus attended commencement exercises in Berkeley. With the decentralization of the University in 1961, separate exercises were once again held in San Francisco. Thus diplomas have been granted to one hundred graduating classes by the University of California at San Francisco.

CERTIFICATES AND DEGREES

- Certificates and Degrees awarded July September, 1962.
 Certificates and Degrees awarded January, 1963.
 Candidates for Certificates and Degrees June 6, 1963.

CERTIFICATES OF COMPLETION

Curriculum in Medical Technology

Joan Ingrid Brandson Martha White Coates Clement Shue Cheong Kwong 1 Sui Lan Leong
1 Norma Jean Luff
1 Merry Chizuko Nishimura 1 Lillian Irene Kapp1 Geraldine Shizuko Kebo

Curriculum in Physical Therapy

2 Mary Elizabeth Abernethy 1 Marjorie Field Binning 1 Susan Ariana Blondeau 1 Patricia Marie Coughlin 1 Linda Ball Crawford Nancy Core McBride Frances Adele Poston Linda Ann Prather Robert Paul Rube Roy Junichi Shimada Janet Stewart Dalton Sharyl Lee Stephens Carlos Leroy Dunlap, Jr. Norman Morris Travis Judith Carolyn Eidsmore Barbara Belen Vargas Jennifer Ellis Anita Jo Walker Vivian Marie Hall Jean Phyllis Weberg Carmen Matilda Wells Janalee Suzanne Hesse Lucinda Adrienne Jung 1 Margaret Yuriko Yokoi 1 Judith Stark Zaccone Phyllis Ann Kober

1 Colleen Hatsumi Matsumoto

Curriculum in Exfoliative Cytology

Nancy Jean DavisRose Thomasine Duane 3 Mary Ann Perata 3 Suzanne Ritchie Roberta Nourse Hipolito Joan Meredity Swart 2 Mary Magdelen Theresa Lenz2 Clara Makiko Nagano 2 Marian Louise Townsend

UNDERGRADUATE DEGREES

Bachelor of Science in Dentistry

Mary Claire Awtrey Antonia Marie La Salvia Margaret Louise Bonazzola Randolph Lim Marvis Braun Brodke Kathryn Margaret MacLeod Richard Allen Neal Marilyn Elaine Olstad Julyna Lee Burge Sandra Tanya Burke Roberta Jean Cerveny Mancy Marie Shea Patricia Grace Siefker Sally May Strausberg Jovita Wahlander Susan Lee Emerson Diane Darleen Graham Jane Marie Johnson Julie Olga Klinck Annette Selby Warda Heather Martin Lackey 3 Jette Bille Weigelt

Bachelor of Science in Nursin

	Ducheror of scre	ince in Nursing	
1 3 2 1 1 3 3 3 3	Judythe Darlene Alkire Beverly Louise Archer Susan Jane Batkin Sally Myers Brown Virginia Frances Brunkhorst Lida Gazlay Chase Carol Jean Cook Margaret Ruth Leatham Crowley Wanda Lamay Darter Audrey Stanton Dixon Susan Marion Dunne Marion Ester Ewin Gail Bourinskie Fredette	1 Sally Ann Griffin 3 Heidi Gurcke 1 Sally Olmstad Hanson 3 Elwanda Beth Harris 3 Barbara Jean Hedge 3 Johanna Mae Hedvall 1 Lois Sanford Helwig 3 Barbaranne Church Ingram 3 Carolyn Ankeny Johnson 3 Diane Gail Kaiser 3 Louise Frieda King 3 Kathryn Lorraine Kirby 3 Norma Joy Leonardo	
,	Gladys Nida Grassini	3 Ella Karol Rasmussen McC	or

Bachelor of Science in Nursing Continued

	,	- I'm still Continued
333333333333333333333333333333333333333	Patricia Louise Mahler Dorothy Jane Marks Sally Jean Martin Diane Constance Mattock Virginia Young Meyer Carol Jeanne Miller Lydia Momotuk Marjorie Iwasaki Nakaji Joan Marie Neal Meridee Nixon Neva May Olson Helen Kruger Parker	3 Ann Marie Ravara 1 Margaret O'Neill Richards 3 Barbara Carmichael Riede 3 Linda Froman Rowell 3 Emily Toyoko Sasao 3 Margaret Lee Sheets 1 Bonnie Jean Tawlks 3 Kathryn Yarwood Teakle 3 Linda Blake Thurman 4 Connie Suey Toy 5 Elizabeth Ann Whitney 6 Dian Kay Willbur
3	Harriet Jane Parry Gareth Whitley Perkins Ester Marie Petersen	3 Dian Kay Willbur 1 Helen Margaret Zezulak 1 Ruth Louise Zielke

Bachelor of Science in Medical Science

Sucheror of science in I	neurcui science
3 Stuart Alan Aaronson 3 Itamar Abrass 3 Bennie Barker, Jr. 3 Phillip Michael Brenes 3 Kathleen Ellen Briscoe 2 Gregory Gail Brott 3 Kenneth Marion Caldwell 3 Larry Joseph Cardoza 3 Calvin Chang 3 David Anthony Ciraulo 3 David Malen Coleman 5 Frank Laffey Dwinnell, Jr. 3 Marc Geoffrey Englis 3 John Lewis Farber 4 Paul Raymond Fox 5 Terrence George Fraters 6 Galen Henry Hansen 7 Barry Alan Hiatt 7 David Ross Holley 7 Stephen Winston Honeychurch 7 Sharon Diane Jacobson 7 Glenn Warren James 8 Everette Garnett Jones 9 Stanley C. Karz 9 Harvey Lee Kroese 9 Marcus Roland Kwan 9 Jack Gin Lee 9 Stephen Andrew Levine	3 Barry Sherwin Lieberman 3 Richard Martin Margules 3 Francis Joseph Muller, Jr. 3 Kent Douglas Pearson 3 Dimitry Vasily Prian 3 Vincent Lionel Quilici 3 William Wilson Richards, Jr. 5 Edward Michael Rissman 5 Jay Forebell Rowe, Jr. 6 Leonard Kenneth Ruby 7 Max Savin 7 Oscar Ronald Scherer 8 David Norman Schindler 9 Earl Hale Shultz 9 Peter Albert Singer 9 John Raymond Spence 9 Philip Marvin Spielman 9 Stephen Earl Staten 9 Robert Dudley Stone 9 Lyle James Strand 9 Jane Elizabeth Stutheit 9 Michael John Sullivan 9 Laurice Samuel Vickers 9 Julius Abraham Weingart 9 Richard Edward Wendt 9 Stanley Young 9 Louis Russo Zwerling

Bachelor of Science in Dhysical Th

Buchelor of science in	Physical Therapy
3 Virginia Isabel Buckley 3 Sally Beth Daisey 3 Mary Ling Fung 5 Carol Ann Kantmann 6 Elizabeth Charlotte Kuhnle 6 Evelyn Dolores Lee 6 Robert Yoshikazu Nakaji 6 Nancy Ellen Nies 6 Judith Adell Oare 6 Marguerite Miyoko Okumura	3 Helen Yee-Chung Poong 3 Maryann Katherine Sieber 3 Patricia Ann Smith 3 Wendy Steele 3 Daniel Lewis Steinberg 3 Sylvia Jean Straub 3 Marilyn Elizabeth Walker 3 Susan Lorraine White 3 Linda Michito Yamano

PROFESSIONAL DEGREES

Doctor of Pharmacy

2 Claude Mireille Bart 3 Robert George Bitter 3 Donald Reid Brooks	James Leland CarasGlen Dana CareyDominic John Cavallo
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Doctor of Pharmacy Continued

3	Arthur Ghen Chan Kenneth Wayne Chesterman	3	Michael William Moy Julio Alfonso Munoz
3	Gordon Yuen Chew	3	Edwin Etsuro Muramoto
3	George Wallace Christensen	3	Roy Masato Murata
3	Paul J. Ciranna	3	James John MacGregor
3	Donald Caesar DeZordo	3	Philip Jay McCarthy
3	Robert Russell Duffy	3	Annette Goerlich Newman
1	Amancio Garcia Ergina	3	Patrick Kwock Ong
3	James Vincent Flaharty	3	Paul David Ong
3	Albert Joseph Flood	3	Patricia Mayumi Ono
3	Thomas Dale Fowler	3	Harold Yasuo Ouchida
3	Michael Angelo Franchetti	3	Howard Eugene Pearce
3	LaRae Kay Frank	3	Kenneth Charles Peterson
3	Jerrold Nicholas Gibino	3	Anthony Joseph Riccabona
1	Yut Mon Gong	3	William James Rogers
3	Edward Arnold Gustafson	3	Adriano Domanico Paolino Rossi
3	David H. Hall	3	Eucaly Annette Shirai
3	John Dennis Hanson	3	Fereydoon Soofer
1	Frank Edward Harrison	3	Norman Morio Tanada
3	Donald Eugene Hill	3	Brian Shaun Terrio
3	George Alfred Hucks	3	Dennis Yim Tom
2	Jahangir Sandalisazan Janfaza	3	Elliott Wolfe Warshauer
3	Samuel Wilkins Kidder	3	James Glenn Webb
2	Junki Kitahara	3	Janet Haake Wolf
3	Donald Burrell Shobu Kitajima		Louis Wollenberger III
3	Nelson Shigehisa Kobayashi		May Wong
1	Sam Osami Kokka	3	Peter Shek Wong
3	Robert Murray Kramer	3	Stanley Wong
	Brenda Carole Lee	3	Victor K. Wong
3	Jack Chi Kuen Loo		Keiko Yamane
3	Sui Mei Lui	3	Kenneth Kin Long Yee
3	Richard Stephen Martin		Patricia Ko Yee
3	Louis Carl Martinelli	3	Michael Lutton Young

Doctor of Dental Surgery

	= detai of Dentail	0	wigery
3		3	Donald Ray Hillan
2		1	Charles Bun Hoh
3		1	Raymond Hom
2		3	Bruce Edward Horrigan
3		3	Sorin Issvoran
3	B James Harris Blake, Jr.	1	Elmer LeRoy Jewett
1			Foreman Kan
3	3 Creed David Brinton	3	Markell William Kohn
3	Harvey Alan Brody	3	Arlen Dale Lackey
3	Toby Alvin Burgess		Sammy So-Sum Law
1	Angelo Cacciatore		Glenn Woon Lee
1	T .	3	Don Rico Lenzi
3		3	Charles Martin Levin
3		3	Richard H. Libby
3		3	Randolph Lim
3		3	Donald Wayne Linck
2		3	Carlos Martinez Lopez
3		3	Albert Fung Louie
3	_	3	Franklin Louie Louie
3		3	Albert George Lucero
1	,		Edward James McCartney
1		3	Richard King Manson
3		3	Donald William Martin
3			Brian Ernest Matravers
1		3	Herman Robert Mattern
3		3	Paul Millman
3		2	William Lee Murphy
3		3	John Henry Murray, Jr.
3		3	Robert Steven Navone
3	Ralph Henry Heath	3	Charles Laurence Neubauer

Doctor of Dental Surgery Continued

1 3 1 3 3 3 3 3	Marcy Lester Newell Russell Jay Newell, Jr. Michael Bernard Paull Richard Lewis Plasch Walter James Powers Fred William Reynolds John Osborn Riebe Robert Edward Robocker Sherwin Zola Rosen Ronald Ralph Rott Ernest Jarrold Sayre Robert Paul Scholz Edmund Ralph Sewell Leroy Masato Shimizu Manfred Jennings Shower	1 3 1 3 3 3 3 3 3 1 3 3 3	Harold Joseph Snow Robert Glenn Stevenson Dale Elmer Stocking Donald Q. Streutker Cornelius John Sullivan Akiharu Teranishi Michael Tradowsky Lionel Traubman John Paul Von Husen Wayne Gilbert Watson Samuel Grant Weeks Howard Leonard Weston Theodore Anderson Wilson Jimmie Suyato Yamaguchi
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	Doctor of Mea	lici	ine
3	Irene Kay Adams	3	William Edwin Kucher
,	Alfred Marston Allen	3	John Arthur Kusske
	Timothy Robert Altenhafen	3	Joseph Henry LaDou
	William Albert Anderson	3	Ronald Lee
	Frederick Alexander Augusta	3	
	Ronald Peter Bachman	3	Phillip Melvin Levin
	Larry Mathew Barsocchini	3	James Sanford Lieberman
	Gordon Alan Benner	3	Robert Macken Lumsden II
	Saul Maurice Bernstein	3	
	Donna Jane Betz	3	Lon Roy McCanne
	Charles Edward Blair	3	Gary Keith McClelland
	Howard Arnold Blatner	3	James Wendell Miller
	Carolyn Linn Blight	3	Gordon Mo
	Barbara Camille Breger	3	
	Peter Wilkens Brill	3	George John Monteverdi
	Dennis Robert Busby	3	Pierre William Mornell
	Robert Clark Cantu	3	Glenn Michitane Nakadate
	Toby Pat Cole	3	Diane Gordon Oliver
	Jerry Roy Crews	3	Donald Roy Ostergard
	John Osmond Debenham	3	Sanford Lee Polse
	Ellen Eardley	3	
,	Susan Toyoshima Fisher	3	John Sebastian Quilici
1	Henry Edward Fourcade	3	Roland Eugene Rankin
	Stanley Paul Galant	3	Robert Canfield Rock
	Venancio Antonio Garcia	3	Robert Paul Rood
	Rene Lewis Gelber	3	Stanley William Ruggles
	Terrence Hughes Gleason	3	Patrick Michael Ryan
1	Henry Israel Goldberg	3	Gary Hopkins Schell
1	Daniel Eugene Gormley	3	John Fair Schmaelzle
T	Gerald Stanley Green	3	Richard Julius Sherins
1	Edward Irving Greenbaum	3	Robert Saul Sherins
	Gary Gustav Gregersen	3	Merton LeRoy Shew
	George Albert Gregory	3	Frederick Raphael Singer
	Allan Halden	3	Roderick Greacen Snow
I	Randolph Michael Hall	3	Charles Daniel South III
T.	Villiam Arthur Harris	3	Gary Donald Stone
T	Frederick Guy Hartley	3	William Tamotsu Sueoka
J	ohn Steele Hege		Patricia Tsang
5	Robert Francis Hickey		Robert Charles Tudor
E	tephen Eugene Hiller		Robert Peter Uller
T	Clizabeth Anne Hutchinson	3	Ronald Ranoru Uyeyama
ľ	ohn Paul Jones, Jr.	3	Alfred Robert Vernon
S	Dimitrios Theodore Kalivas	3	Harlan Burnett Watkins, Jr.
L	lonald Barry Kaufman	3	Stewart Andrew White
I	Oonald Barry Kaufman ohn Patrick Kelly	3	William James Wolfenden, Jr.
K	Eathryn Arlin Kirkman	3	Weyman W. Wong
F	dwin Leon Koumrian	3	Elena Elizabeth Young
	Leon Koumitan	3	Raymond Louis Zouhar

GRADUATE DEGREES

Master of Dental Surgery

3 James Clark Campbell

Lillian Edythe Irene Aldous	1 Sandra Lee Fucci
Nursing	Nursing
Agnes Maye Arrington	3 Deloris Margaret Giltner
Nursing	Nursing
Mary Asazawa	1 Jo Deen Howe Goshorn
Nursing	Nursing
Edna Youngs Barnes	1 Alice Ingeborg Guldhaug
Nursing	Nursing
Margaret Mary Baumgartner Nursing	3 Fern Bernier Hall
Joy Jaegeling Best	Pharmacology 2 Eugene Harold Herman
Nursing	Pharmacology
Andrea Ursula Bircher	2 Mary H. Hooper
Nursing	Nursing
Jeanne DeChesne Blanchard	2 Helen Yau-Mei Hsueh
Nursing	Pharmaceutical Chemistry
Violet Louise Buchanan	1 Marjorie Agnes Hudson
Nursing	Nursing
Jean Madill Burroughs	1 Bernice Hayes Hunn
Nursing	Nursing
Teresa Mary Campbell	1 Ruth Shigeko Ishizaki
Nursing	Nursing
David Chan	3 Francis Ivanhoe
Pharmacology	Comparative Pharmacology
Sujit Kumar Chatterji	and Toxicology
Pharmaceutical Chemistry	3 Margaret Lobner Jelenfy
Giorgio Cimasoni	Nursing
Dentistry Verla Branch Collins	2 Evalyn L. Johnson
Nursing	Nursing 1 Richard Dean Johnson
Evelyn May Crowley	1 Richard Dean Johnson Pharmaceutical Chemistry
Nursing	1 Vernon Arthur Jones
Elizabeth Barnaby Curtis	Pharmaceutical Chemistry
Nursing	1 Sister Hilary Kennedy
Agnes Nyenopoh Dagbe	Nursing
Nursing	1 Marjorie Louise Keys
Mary Lucillia Davis	Nursing
Nursing	1 Eleanor Gray Knudson
Ann Sylvia Desich	Nursing
Nursing	1 Phyllis Louise Lackey
Mary Margaret Dinneen	Nursing
Nursing	1 Sjofjan Lamid
Carol Esther Eichert	Pharmacology
Nursing Jean Cravath Elliot	1 Kuei-Shen Lee
Nursing	Nursing
Mary Frances Elliott	3 Sally Lambert Lieberman Nursing
Nursing	3 Martha Belle Long
Mary Ann Fenlon	Nursing
Nursing	1 Hsiang-Ting Lu
Frances Fay Fiedler	Pharmaceutical Chemistry
Nursing	1 Liny Engler Lyss
Carole Jean Fitzgerald	Nursing
Nursing	1 Judith Louise MacMillan
Ruth Helen Pape Fleshman	Nursing
Nursing	3 Aisijah Ma'Rifin
Gertrude Fletcher	Pharmacology
Nursing	2 Djuhar Husin Ma'Rifin
Ruth Friedlander	Pharmacology
Nursing	3 Rosella Christine McClanah

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		Aı
3	I	Pet Pl
1	F	Rob
1	A	Bi
2	E	Bi
1	M	An
3	A	Ph
3	D	Bio
		Co
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3	T	imo Pha

Master of Scien	ce Continued
Elizabeth Brown Medaris Nursing	1 Gwendolyn Juanita Safier Nursing
Zetta Mitchell Nursing	1 Louis Brinks Satterwhite
Krishnakumar Shantaram Morey Biochemistry	Nursing 1 Jessie Ann Schofield
Constance Gloria Morgan	Nursing 3 Sediatono
Nursing Merle Elgin Morris	Pharmacology 3 Marilyn Marguerita Shaver
Dentistry Patricia Shoemaker Moylan	Nursing 3 Bernice Ann Siebenthal
Nursing Margaret MacNicol Mullins	Nursing
Nursing	1 Cecilia Small Smith Nursing
Robert Bertram Nelson Pharmacology	3 Valerie Jelenfy Stilson Nursing
watif Ahmed Osman Nursing	1 Ellen Olivia Strand
Cella Beth Patterson Nursing	Nursing 3 Florence Schultz Swanburg
lancy Currie Penman	Nursing 3 Rita Louise Timmerding
Nursing Jarilyn Delia Petesch	Nursing 1 Robert Marlin Veatch
Nursing lineola Lewis Pollock	Pharmacology
Nursing	1 Mary Olive Warren Nursing
harlotte Cooley Rappsilber Nursing	3 Mabel Shaw Weaver Nursing
arcia Anita Rehfuss Nursing	2 Judith Kinsell Wright Nursing
milija Riekstniece Dentistry	1 Elizabeth Eleanor Young
Master of	Nursing
obert Clark Cantu	
Endocrinology an Marie Cons	1 Vivian Beresford Millington Physiology
Anatomy	1 Glenn Michitane Nakadate Anatomy
mitrios Theodore Kalivas Endocrinology	3 Donald Roy Ostergard Anatomy
arbara Madge Littlejohn Anatomy	1 Bernard Ślavin Anatomy
Doctor of Phil	
eter Edmund Berteau	3 Howard Laurence Johnson
Pharmaceutical Chemistry Obert Louis Blake	Pharmaceutical Chemistry
Biochemistry	Pharmacology
len Fisher Calvert Biochemistry	2 Russell Kwok
win Chin, Jr.	Pharmaceutical Chemistry 3 Rohitkumar Kantilal Mehta
rshall Allen Cortney	Pharmaceutical Chemistry
hysiology	1 Daniel Richard Morales Biochemistry
hilles Dlugajczyk iochemistry	3 Appayya Raghunath Naik
an Walter Fanshier	Pharmaceutical Chemistry 3 Yasuo Natori
omparative Pharmacology nd Toxicology	Biochemistry
nford Jack Feinglass	3 Jay Jafar Nematollahi
harmaceutical Chemistry	Pharmaceutical Chemistry 1 Thomas Edwin Ogden
nald Joseph Gellert hysiology	Physiology
nystology Vidas Krishnaji Jambotkar	3 Peter Louis Petrakis
narmaceutical Chemistry	Biochemistry 3 Henry Otis Trowbridge
nothy Yu-Wen Jen harmaceutical Chemistry	Pathology
Chemistry	1 Robert Allen Wiley Pharmaceutical Chemistry

PRIZES

ALPHA OMEGA SCHOLARSHIP AWARD IN DENTISTRY

To the student who has maintained the highest scholastic average throughout his four years of study in dentistry.

Toby Alvin Burgess

BORDON GRADUATE AWARD IN PHARMACEUTICAL CHEMISTRY

To the student who has achieved the highest scholarship average in the professional curriculum at the time of graduation

Recipient announced September 20, 1963.

BORDON UNDERGRADUATE RESEARCH AWARD IN MEDICINE

For the best essay written on an original research problem by a member of the graduating class in medicine.

Recipient announced May 31, 1963.

MILTON F. AND MARY L. GABBS PRIZE IN DENTISTRY

Awarded to the senior student who has most consistently displayed both the highest intellectual achievement and moral character befitting his profession.

Ralph Henry Heath

GOLD-HEADED CANE IN MEDICINE

To the senior student who has demonstrated the most outstanding qualities of a true physician in his conduct and interest in the care of his patients during the clinical years.

Recipient announced May 31, 1963.

O. C. HANSEN MEMORIAL PLAQUE IN PHARMACY

To the student who has maintained the highest scholarship throughout his four years of study in pharmacy.

Richard Stephen Martin

FLORENCE NIGHTINGALE AWARD FOR EXCELLENCE IN CLINICAL NURSING

To the student in the graduating class who has exhibited the highest degree of excellence in the practice of nursing.

Ella Karol Rasmussen McCormac

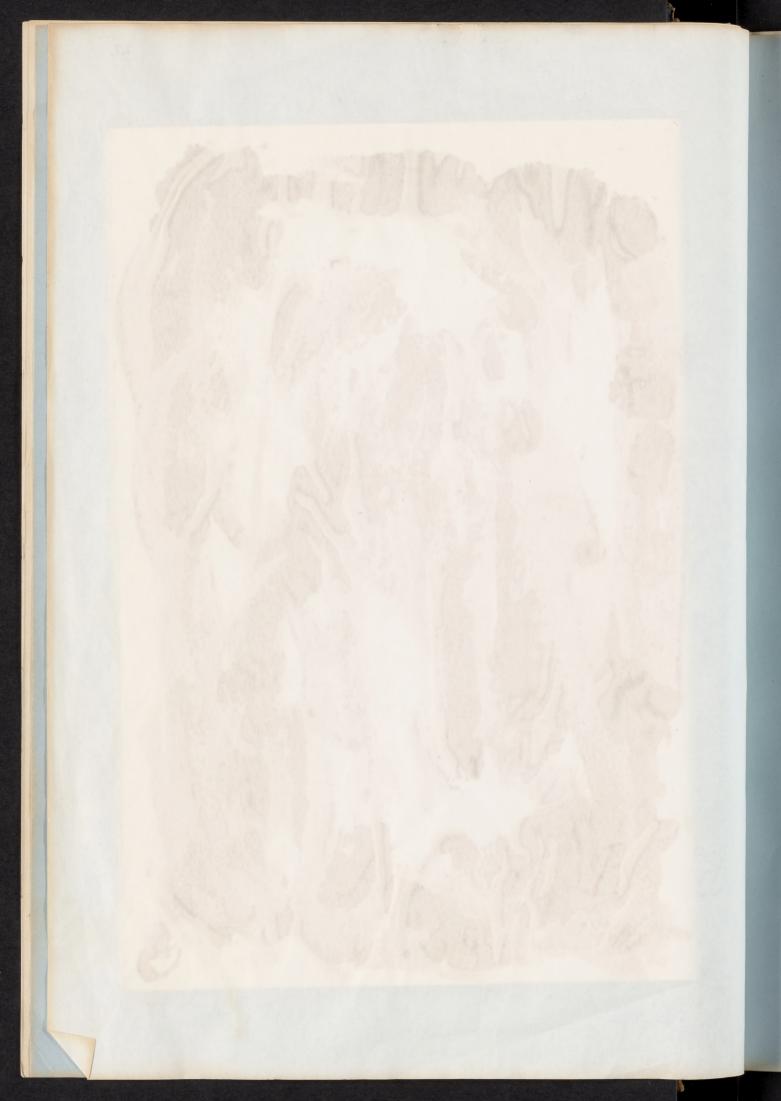
REGENT SCHOLARSHIPS

A scholarship awarded to outstanding entering and continuing students of demonstrated ability and promise.

Joseph E. Addiego, Jr. Edythe Bass Monty Judd Bonello Nancy Jane Bramlett Mary Mayes Brownscombe Marjorie Anne Buck Paul Frank Calgher Richard Robert Chun Walsh James Conmy Stanley David Crawford Stuart Davidson Gordon Jay Dow James Marlo Duffin Robert F. Greene Peter Henry Gruen Robert D. Jensen Eric M. Kennell

Anna Ruth Kingsbury Gerald Masaru Kinoshita Melvin H. Lavine Donald Malcolm McDonald Mary Catherine O'Keeffe Kathleen Marie Raffanti Jack Gill Rosser John Takashi Sanda Anthony Sebastian Leo Paul Stanford Ann Elma Stevens James Michael Tandrow Carol Hiroko Tsuneta Carlo Veechiarelli Herbert H. Webb Donald Edward Williams Graham Charles Windridge

Barbara Carolyn Zipf



COMMENCEMENT

1893

CLASS 1893

The class includes the name of Robert Aird's father

University of California,

Medical Department.

Yourself and friends are cordially
invited to attend the Commencement Exercises of the

Medical Department of the University of California,
at Odd Tellows Thill Thursday evening December
fourteenth at eight colock.

Very respectfully,

Delect A. M. Sean M.D.

Dean of the Twentigs

COMMENCEMENT EXERCISE CLASS 1893

The class includes the name of Robert Aird's father

UNIVERSITY OF CALIFORNIA

MEDICAL DEPARTMENT

FACULTY

MARTIN KELLOGG, A. M., LL. D., President of the University. G. A. SHURTLEFF, M. D., Emeritus Professor of Mental Diseases and Medical Juris-prudence.

R. BEVERLY COLE, A. M., M. D., M. R. C. S., Eng., Professor of Obstetrics and

W. F. McNUTT, M. D., M. R. C. P., Edin., etc., Professor of Principles and Practice of Medicine.

ROBERT A. McLEAN, M. D., Professor of Clinical and Operative Surgery. W. E. TAYLOR, M. D., Professor of Principles and Practice of Surgery. A. L. LENGFELD, M. D., Professor of Materia Medica and Medical Chemistry. BENJ. R. SWAN, M. D., Professor of Diseases of Children. GEO. H. POWERS, A. M., M. D., Professor of Ophthalmology and Otology. WM. WATT KERR, A. M., M. B., C. M., Professor of Clinical Medicine. A. A. D'ANCONA, A. B., M. D., Professor of Physiology. DOUGLAS W. MONTGOMERY, M. D., Professor of Diseases of the Skin. WASHINGTON DODGE, M. D., Professor of Therapeutics. JOHN M. WILLIAMSON, M. D., Professor of Anatomy.

JOHN W. ROBERTSON, A. B., M. D., Professor of Nervous and Mental Diseases.

JNO. C. SPENCER, A. B., M. D., Lecturer on Pathology and Histology.
C. A. VON HOFFMAN, M. D., Adjunct to the Chair of Gynecology.
GEORGE F. SHIELS, M. D., F. R. C. S. E., etc., Adjunct to the Chair of Surgery and
Lecturer on Hygiene and Medical Jurisprudence.
W. E. HOPKINS, M. D., Adjunct to the Chair of Ophthalmology and Otology.
W. H. MAYS, M. D., Adjunct to the Chair of Obstetrics.
A. AUCHIE, CUNNINGHAM, F. C. S., F. I. Inst., Adjunct to the Chair of Chemistry.
H. N. WINTON, M. D., Adjunct to the Chair of Therapeutics.
WINSLOW ANDERSON, M. D., M. R. C. P., Lond., etc., Adjunct to the Chair of Principles and Practice of Medicine.
THOMAS BOWHILL, F. R. C. V. S., Eng., Special Lecturer on Bacteriology.
J. HENRY BARBAT, PH. G., M. D., Demonstrator of Anatomy.
EDWARD VON ADELUNG, Jr., B. S., M. D., Assistant to the Chair of Physiology.
FRANK L. BOSQUI, M. D., Assistant to the Chair of Pathology and Histology.
S. P. TUGGLE, M. D., Assistant Demonstrator of Anatomy.
JOHN M. SIMS, M. D., Assistant Demonstrator of Anatomy.
FREDERICK W. LOWE, M. D., Assistant Demonstrator of Anatomy.

COLLEGE DISPENSARY STAFF

WASHINGTON DODGE, M. D.
D. W. MONTGOMERY, M. D.
F. W. D'EVELYN, M. B., C. M.
A. K. HAPERSBERG, A. B., M. D.



OVERTURE, "The Merry Wives of Windsor," -

REV. WILLIAM HALL MORELAND, M. A.

IDYLLE, "Souvenir des Alpes" - - - - - -

ADDRESS ON BEHALF OF THE FACULTY PROF. JOHN W. ROBERTSON, A. B., M. D.

SELECTION, "The Gondoliers" - - - - Sullivan

CONFERRING DEGREE OF DOCTOR OF MEDICINE PROF. MARTIN KELLOGG, A. M., LL. D., PRESIDENT OF THE UNIVERSITY

SELECTION, "Lohengriu" - - - - Wagner

ADMINISTRATION OF THE HIPPOCRATIC OATH TO THE GRADUATING CLASS PROF. R. BEVERLY COLE, A. M., M. D., M. R. C. S., ENG. PRESIDENT OF THE FACULTY

Waldteufel VALSE, "Militaire" -

Moszkowsky SPANISH DANCES,

BENEDICTION

REV. WILLIAM HALL MORELAND, M. A.

. Music by Noah Brandt's Orchestra

GRADUATING CLASS

JOHN WILLIAM AIRD : : : : RICHARD M. H. BERNDT : : : RAWLINS CADWALLADER, A. M. : : DAVID ANDREW CONRAD : : : BARTHOLOMEW FRANCIS FLEMING
FREDERICK CHANGES TO FREDERICK CHARLES FLESHER : : ERNEST MAYNARD FREEMAN, B. A. : ALEXANDER MARSHALL GALL : : COSMOS ANDREW GLOVER ; : EDWARD SHELTON HORTON : : CLARANCE HALLECK HULSE HUGH LAGAN : CHARLES SYLVESTER MAGUIRE, B. S. : CHARLES FRANCIS MCCARTHY : : HENRY DU REST PHELAN : GARDNER PERRY POND : : : : STEPHEN HESTER RANTZ ; : WILLIAM KELLY SANBORN, PH. G. . : SYDNEY HENRY SCHRADER : GRACE SIMON : :

: : Heber, Utah : Fuerstenberg, Germany : San Diego, California San Francisco, California : San Jose, California San Francisco, California San Francisco, California : Ontario, Canada Nova Scotia : Scotland San Francisco, California : : : Australia New York City : Ireland San Francisco, California San Francisco, California San Francisco, California San Francisco, California : Lakeport, California Benicia, California : New South Wales San Francisco, California

CLASS 1893

The class includes the name of Robert Aird's father

COMMENCEMENT EXERCISE CLASS 1893

The class includes the name of Robert Aird's father

STATES CLASS

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TRIBUTE TO WILLIAM E. CARTER
ON HIS 80th BIRTHDAY

Chauncey D. Leake

TRIBUTE TO WILLIAM E. CARTER

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hauncev D. Leake

Never Too Late for Intellectual Endeavors

Every once and a while one gets a note of good cheer from someone who is hale and hearty in old age, and one who is really doing things. My good friend, Dr. William E. Carter, distinguished pediatrician and former director of the University of California clinics, recently celebrated his eightieth birthday. He is compiling a history of the school he served so long and so well and is also putting its archival material in good shape.

Dr. Carter writes: "It feels nice to be an octogenarian, and there is a lot to be done; but I must confess, most of it is actually in retrospect. As for troubles, I remember an old doctor friend who told me that certainly he had plenty of them, but as he took a hard look at them most of them never happened.:

Dr. Carter quoted the reflective sonnet of Henry Wadsworth Longfellow (1807 to 1882), written for the fiftieth anniversary celebration of Bowdoin College in Maine, from which he graduated:

"It is too late--ah, nothing is too late. Cato learned Greek at eighty; Sophocles wrote his Grand Oedipus and Simonides Bore off the verse from his compeers When each had numbered more than four score years. And Theophratus, at four score and ten, Had but begun his Characters of Men. Chaucer, at Woodstock with the nightingales, At sixty wrote the Canterbury Tales. Goethe, at Weimar, toiling to the last, Completed Faust when eighty years had passed. What then, should we sit idly down and say That night has come, it is no longer day? For age is opportunity, no less. Than youth itself, though in another dress. And as the evening twilights fade away, The sky is filled with stars, invisible by day."

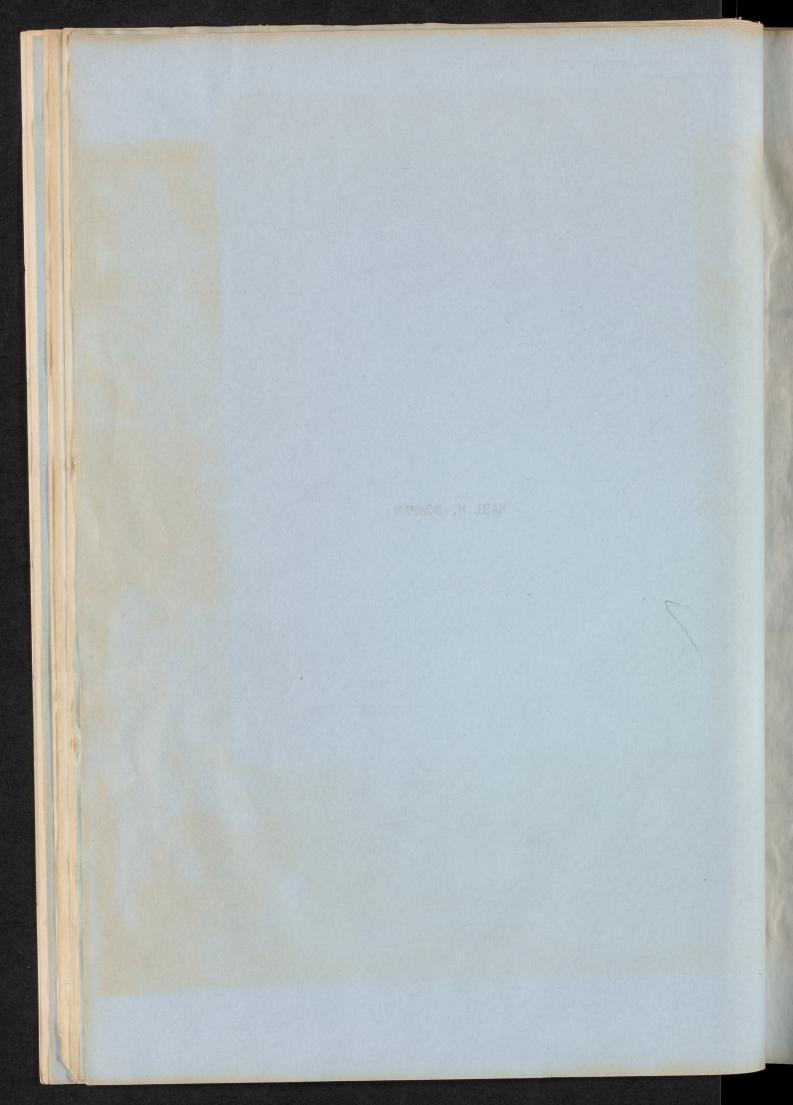
As Dr. Carter says: "This wasn't whistling up the wind for Longfellow; he died at seventy-five, and what a life he led!" Popular during his lifetime, highly popular now in Russia, (where a memorial stamp was issued in 1957), his work may lack the depth of great poetry; but he always had the gift of writing appealingly of what is worth while and worth doing. As Longfellow indicated, it is never too late to undertake intellectual endeavor; and there may be great joy in it when age offers the opportunity.

Chauncey D. Leake

SAN FRANCISCO MEDICAL CENTER: SCHOOL OF MEDICINE (over) UNIVERSITY OF CALIFORNIA-(Letterhead for interdepartmental use)

KARL M. BOWMAN

DICINE F PHARMA





Karl M. Bowman, M. D. with Estarches
Karl M. Bowman

Karl M. Bowman

Professor of Psychiatry

University of California
School of Medicine
San Francisco

Dr. Bowmen, 19, Tackles New Job

who believes that forced retirement for age is ridiculous, is launching a new guished Dr. Karl Bowman, San Francisco's distincareer at the age of 75.

ka's department of mental The eminent psychiatrist is winding up his affairs here to become director of Alashygiene and its hospital sys-

declared yesterday. "So I'm going a little farther West." 'Young man, go West'," he "Horace Greeley said,

big enough to give scope to Dr. Bowman's ability as an administrator, and small enough to permit him to Alaska has two mental hospitals and is setting up a system of mental hygiene The department is practice clinically. clinics.

"I expect to be making said Dr. Bowman with obvirounds and seeing patients, ous satisfaction.

in the field of mental health and particularly in the areas of alcoholism, drug addiction Dr. Bowman is internationally recognized as an expert and sexual problems.

cluded the directorship of the 1913. His extensive career in-Langley Porter Neuropsychiatric Institute here from its organization in 1941 until his uated from University of Kansas-born, he was gradofficial retirement in 1956. California in medicine

since 1956 to teach part-time nia as emeritus professor of on an extensive program of Bowman said that "things Although he has continued psychiatry, and has carried are not too exciting around at the University of Califormental health activities, Dr.

you out there say they don't "I can't get out to the Ori-"The foundations that send send people out after they ent any more," he declared. are 70.

there. Most people think it is July. I think it will be fun." 10 below zero on the first of "Alaska has been having trouble getting pecple up

He is resigning his various sional advisory positions ef-State. City and other profes-



He'll direct Alaskan mental hospitals DR. KARL BOWMAN

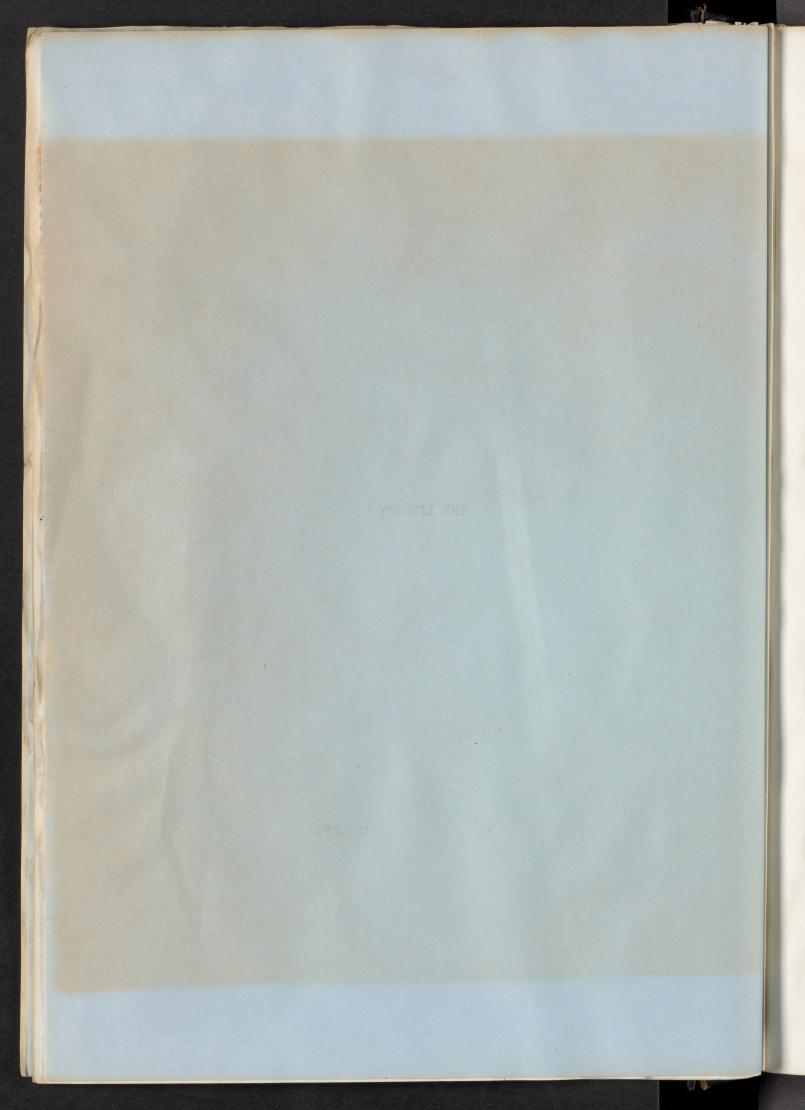
fective March 1, and expects to be in harness in Anchor-"I will have to spend time age by that date.

in Juneau when the Legislature is in session, but my headquarters will be Anchorage," he said. THE LIBRARY

sional advisory positions er-

and sexual problems.

EVA WEST



7485 Kingsley Way Riverside, California January 22, 1962

Dr. William E. Carter Alumni-Faculty Association University of California San Francisco 22, California

Dear Dr. Carter:

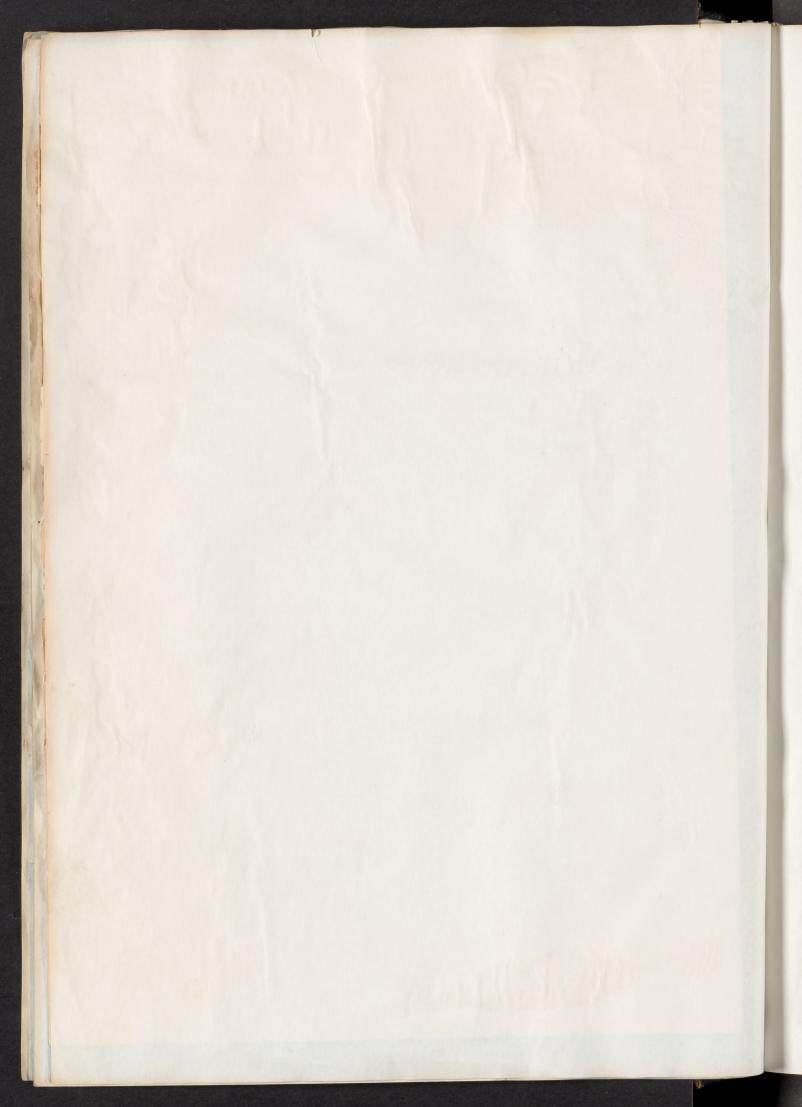
Indeed I do remember you, and kindly. It was always a pleasure to help you, though you rarely needed help.

Now that you have called upon me for help in a project featuring "my" --as I like to think of it --Library I could be happier had I a store of newsworthy recollections to share. Too many are not, as I review them; better "dead Past" and not recalled. More must now seem devoid of interest to some who will read your History. Those years (1919-29) when I headed the Medical School Library were lean years, when the growing pains of the Library were all but audible. They hardly seem to belong to the splendid picture it makes today. However, you have asked for something so you may judge what of the following "small" items are acceptable for your purpose.

Going in July, 1919 from wonderful Lane Medical Library to the fledgling Medical Library of our State University was a challenge to my interest in building. The War was over, the huge tasks of Recovery were being shouldered with enthusiasm, and the Medical School was hopeful of a new beginning in a new plant worthy of the demands expected to be made upon it. But its Library was to wait almost two-score years for its dream home.

One of the earliest tasks awaiting me was the moving of the small collection of medical literature from its cramped quarters on the main floor of the Medical School Building to larger, lighter ones on the upper floor of the old Auditorium wing. Besides a capable friend --Miss Katharine B. Ross -- who had followed me from Lane Library, I was given a student assistant for a few hours daily. He, Francis Scott Smythe, proved invaluable, as much for his unfailing humor as for his technical help. Only a librarian can know what it means to pick up a library from one setting and put it down in another, with "business as usual", but it was an improvement, and we "learned our stock" thereby. The next years were to make me increasingly proud to have known Dr. Smythe, surely one of the outstanding alumni of the Medical School.

In these crude and declorably inadequate quarters the Library grew with disheartening slowness. The University was expanding in many fields and the Medical School had to yield to the urgent needs of the new campus in W.Los Angeles. Submarine warfare had forced German publications to lie idly in a Leipzig warehouse, which in time fell prey to the flames



of War. For years we had to try to fill gaps in our German serials from private libraries offered for sale by needy owners in the war zones. Then the book markets were flooded with Anniversary and other "Festscriften" extras, making it impossible to estimate their yearly coats and that offtheir binding. Weekly serials were hardest to complete. As our poor shelves were slowly filled we had always to shift several stacks of books to maintain our arrangement, as a new stack or two were made by our carpenters. The new Library home faded ever farther into the future.

Through it all the Library enjoyed the generous, friendly co-operation of Lane Library and its splendid Librarian, the late Miss Louise Ophuls. Our own officials and patrons were apprecative, I had a loyal staff, however small, and our services were happily given. I owe much to many, a few of whom I should name: - Mr. Sydney B. Mitchell of the Accessions Department of University Library, Dean L S. Schmitt, Library Chairmen, Drs. Lynch, Lucas, and Leake, and perhaps most of all Dr. Karl Meyer, of the marvelous mind and warm personality.

As the Medical School extended its services, so did the Library. For a time we even provided a small collection of texts and unbound journals for the staffs in the University hospitals. We also helped bring order to the Library of Hooper Foundation for Medical Rearch, long neglected.

At one time we were privileged to display a most interesting lot of historical medical books -- some very old and rare -- collected by the late Dr. LeRoy Crummer. The small trunkful was insured for \$90,000, so I felt the responsibility keenly.

Another unique and valuable collection was given us by a visiting retired dentist, Dr. Wm Bebb from Chicago (?) This covered many of the famous old hospitals of Europe, floor-plans and aqua-tints, for which I prepared card notes on the stories of their colorful parts in History. These exhibits, as well as that of the Crummer volumes, were shared with interested members of the Stanford Medical School Faculty.

One of my early satisfactions in a purchase was when I was permitted to buy a copy of Dr.Wm Beaumont's rare classic: "Digestion". Its cost was \$50. Another was when I discovered a letter written, in beautiful etching-like script, by Dr. Oliver Wendell Holmes, graciously declining a request from the Overland Monthly for an article from his pen. He pleaded declining health. The letter came in a second-hand book I had bought for the Library, and Dean Schmitt let me have it framed. I hope it still hangs on the Library wall.

I recall with amusement at least two occasions when "Robert's" monkeys escaped from Hooper Research cages to the vines and lintels of the old Phoebe Hearst Museum next door to the Medicak School Building. They gave certain personnel a merry chase before they were captured.



3- Dr. Carter re Library.

I recall, without amusement, the occasional indulgence in leapfrog practice by youthful dental students on the tin roof over my head in my office. Perhaps, I thought, due to tension of inexperience at dissecting on the top floor of our building. And many times I closed my window against the distractions from the Pediatric Clinic but a short distance around my corner.

With kindest regards to you, I remain,

Sincerely yours,

Eva West



THE SAN FRANCISCO COUNTY
MEDICAL SOCIETY

"THE OLD AND THE NEW"

Stacy R. Mettier

THE SAN FRANCISCO COUNTY
MEDICAL SOCIETY

WINN SHT GVA GIO EHT"

Story F. Matthew

The Old and the New

By STACY R. METTIER, Sr.

Professor of Medicine, U.C. Regent, American College of Physicians

Past President Mettier traces the steps leading to the sale of the Society's former property; the purchase of the new land; how the building was financed without membership assessment; and why space problems exist today.

I have been requested by the Society to write something about the reasons for selling our former property at Washington and Laguna streets, and for purchasing the lot at 250-270 Masonic Avenue since the latter property was acquired during my regime as president.

I had the honor to be chosen the first president-elect of the Society in the December, 1950 elections. During my year in that post it became apparent to me, as it was to everyone who spent time in the building, that there were some major maintenance problems occurring practically every day in the week. Pipes were bursting or leaking, the heating system was constantly on the blink, fuses were blowing because of overloads, the roof leaking in many places during every rainfall, etc. Each crisis would cause considerable damage and would entail substantial expenditures of money for repairs.

An investigation had been undertaken to determine whether or not the mansion should or could be restored and remodeled. It was reported that the fundamental structure of the building was sandstone which was gradually deteriorating, and that the value of the building was considered practically nil. (In this connection, it is interesting to note that it was not possible to sell the building as such. The purchase price was based on land value and the purchaser subsequently wrecked the mansion because it was not salable.) The study further revealed that the amount of money which would be required for its complete rehabilitation was virtually prohibitive. Further, exploratory steps were taken to determine if the city fathers would approve of any addition to the mansion on the Jackson Street side of the lot since the Blood Bank and the Society had outgrown their separate sections. It was found that because of the blood bank and its activities we were considered (in the light of the zoning regulations) as being there "under sufferance."

There had been many pros and cons at the various board meetings with regard to the entire situation but discussions invariably had pointed toward new quarters. So, on January 29 of 1952 (over ten years ago), the matter of purchase of new property and construction of a new

building came before a special meeting of the Board of Directors, and was approved.

The Irwin Memorial Blood Bank of the SFMS played a prominent role in this production. The Blood Bank had been enjoying the use of considerable space in the old building without rental. I did not think that this was exactly right. I therefore called on Mr. Jerd Sullivan, then president of the Crocker-Anglo Bank and a great civic-minded individual. At my request he made a survey of the Blood Bank and its relationship to the Medical Society, and after some study stated that the Blood Bank was using about sixty per cent of our building space. He stated further that in his opinion the Blood Bank should contribute on a prorated basis to the expense of the maintenance of the building.

At the same time, Mr. Sullivan said that in view of the Blood Bank's space requirements in our proposed new building, the sixty to forty per cent ratio should continue to prevail. In other words, that the Blood Bank should contribute sixty per cent toward the purchase price of

(Continued on Page 31)



The "Old Irwin Mansion" at 2180 Washington Street which housed the Society's activities from January, 1926, to March, 1955.

President's Message

W

Building Program

	The Old and the New	
As the	(Continued from Page 24)	ed that
the petitic	the land and the same percentage toward building costs,	ig pro-
gram, was	with the Medical Society being responsible for the other	convic-
tion that t	forty per cent.	recog-
nized and	During the summer months of 1952, Francis Quinn and	
Upon re	I made a survey of the few possible sites upon which a new building could be erected. We were offered the S.W. corner	Il coun-
sel, appoir	of the property at Franklin Hospital at a price prohibitive	eans of
1 1	to us Other sites were either too small or lacked sufficient	he date
presenting	space to anow for parking facilities. Doctor Quinn then	ne date
and forma	means that the Board of Education was putting up as sur	
The foll	plus property the land on Masonic Avenue where the present building stands. He was to appear before the Board	
Publ		di-
tiona		N.
	wife and I were attending the Alcazar Theatre. During the	
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estin	me that our bid of \$86,000 had been accepted. It was the only bid tendered. From then on, we became very active.	
Ton		ety
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	from the sale of the property on Washington Street for	1
Plan	Malial Caristan and the same bonds, the trustees of the	ind
to pr	Medical Society managed to get together sufficient funds for the Society to put up its share of the \$560,000 set as	lin
Тне	the maximum figure for the joint building program.	
Fina	Several important facts should be of great significance	
	to members today, especially those who were not in the	1
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agreement. The only real difference of opinion has been that or now much do we need now and for the foreseeable future.

a. Justus William.

President

P.S. Meanwhile, you are urged to stop at 250 Masonic Avenue any weekday for an on-site inspection of the facilities and the problems in question.

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THE CLINIC'S COLLABORATION
WITH THE MOTOR VEHICLE DEPARTMENT

William E. Carter

THE OLIMIC'S COLLABORATION WITH THE MOTOR VERLICLE DEPARTMENT

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APPREHENSION OF EPILEPTIC DRIVERS

During and after World War 11, California was plagued by a horde of men, and a few women too, who were subject to epileptic seizures.

At that time, advertisements were running in Eastern and Southern newspapers, offering employment in many of the war industries, particularly ship building, here on the Coast. Of course these ads attracted many of "the last hired and the first fired"--and they arrived by the thousands. No physical examinations were required and few or no questions were asked.

As these people were of the lowest economic groups, many of them applied at our Clinic for attention. We soon realized that there was a high incidence of epileptics among them. Many brought driver's licenses with them. And it is recognized by the licensing authorities that many of such applicants conveniently forget to mention their maladies in their application forms. Some of them even deny their disorders in their clinical histories.

Our clinicians soon noted the high incidence of such drivers and they brought it to the attention of the Director's office. The Director got into touch with the Bureau of Drivers Licenses of the Motor Vehicle Department at Sacramento and he was informed that they were all but helpless and that such cases came to their attention after the driver had had an accident, and sometimes, not even then as the driver had recovered before the traffic officer's arrival at the scene.

One such case was encountered near Napa. The Officer was cruising behind a slow-moving car, when all at once it went off the road and into a bank. When the officer came up, the driver was still convulsing at the wheel.

Another similar instance was noted. A salesman had driven his car to San Francisco from Kansas City. He had sustained an attack enroute; but when he was crossing the Bay Bridge, he was not so fortunate. During another attack he crashed into the rail and caused a general tie-up. On recovery he admitted that he was an epileptic.

Another similar incident was encountered in our Clinic. The mother of an epileptic, sisteen year old boy, brought him from Santa Cruz to the Clinic for attention. She admitted to the Director that she had allowed the boy to drive the family car with her as passenger all the way up from Santa Cruz, along those winding, and at that time, narrow roads. On questioning her reason for allowing him to drive, she said: "I do not want him to develop feelings of inferiority".

Another patient was found to be driving an ammunition truck in Contra Costa County, but fortunately, had sustained no attacks.

Another near-catastrophe was avoided in one of our Clinic patients. One day an excited patient demanded a hurry-up prescription for phenobarbital, a drug commonly prescribed for epileptic attacks. He stated to the neurologist, the late Dr. Robert Wartenberg, that he had to go to work at noon and it was then eleven oclock.

On inquiry, he admitted to the doctor that he was operator on one of the city's buses. He said he had recently come to California and had easily gotten this job which he liked very much. He stated that he did not have attacks when he took his medicine, but admitted that he sometimes forgot to take the tablets and that sometimes, as in this instance, he had run out of the drugs and said he could not get it at the drug store without a prescription. He was due at twelve to work.

Dr. Wartenberg gave him the prescription and immediately went to the Director's office and asked how the case should be handled. At that time, applicants for treatment at the Clinic were not required to waive the practice of "privileged communication" observed by physicians, in order to be accepted. But in this case urgency was required, and the Director talked to the superintendent of the municipal car system who agreed to protect his source of information and to tell nobody the reason for any action he might take.

The result was that the driver was releivedoof his run in mid-afternoon.

A dramatic aftermath occurred that evening when the petient telephoned Dr. Wartenberg at his home. He was violent and threateded dire vengeance.

The Clinician, a neurologist widely experienced in this field, knew of instances whereby many epileptics become violent when coming out of epileptic attacks. (It is recalled that Steyenson's Dr. Jaekel and Mr. Hyde was based on this phenominon). He thereupon telephoned to the Director's residence and asked what to do. As he had no classes the remainder of the week, he was instructed to get out of the city and go to his mountain house until the problem could be solved. The Director than telephoned to a member of the Drivers License Bureau whom he knew personally and engaged his cooperation.

The patient had moved from the address given when he took the examination for a driver's license, but he was finally located. Meanwhile he had cooled off and there seemed no emminent danger.

An amusing aftermath occurred a few weeks later. At that time, the Municipal Railway authorities, in order to expedite the evening crush of riders, placed an accessory ticket taker at the rear door of the loading cars. One evening Dr. Wartenberg was downtown and came home by bus, was mounting by the rear door. He handed the fare to the ticket-taker who recognized him and with a broad smile, said; "Hello Doc", and pointing to his bright sheld he said: "See, they promoted me".

The patient had moved from the address given when he took the especial attack a driver's likeway but he was finelly heatend. Committee had cooled off and there seemed no espicant descript.

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Reprinted from California and Western Medicine Vol. 56, No. 5 450 Sutter Street, San Francisco

EPILEPSY: A HAZARDOUS DISEASE

WILLIAM E. CARTER, M. D.

AND

RICHARD W. HARVEY, M. D.*

San Francisco

EXCLUDING acute infectious processes, perhaps no disease bears a greater hazard than does epilepsy. The nature of the attack of unconsciousness, coming as it does without warning in most cases, renders it particularly dangerous in industry, when the individual is entrusted with duties involving not only his own safety, but also that of fellow-workers. The increase in the ownership of automobiles has further complicated the problem. A large percentage of adults in this country have drivers' licenses, and epileptics are no exception. A startling number of them actually operate motor vehicles between attacks. Epileptics perjure themselves in making application for licenses, if they swear that they are not subject to episodes of unconsciousness. It is a well-known fact among physicians that epileptic patients often try to conceal the nature of their disorder because it stigmatizes them, or because it limits their employment. They deny, even to themselves, that they have the disease. Many of them say, "My illness is not epilepsy; it is stomach trouble." Others say, "My spells occur only at night; therefore they cannot be epilepsy." Occasionally a patient will say, "I am told I have fits; I do not know that I do." Almost all patients who drive cars will say, "I always feel better driving a car, and have never had a spell while at the wheel." It is not surprising, therefore, that many epileptic persons are issued drivers' licenses, because the examining officer has no way of knowing the condition of the applicants' health.

We are informed that the State Motor Vehicle Department has numerous records of accidents

^{*}From University of California, the Division of Medicine, Department of Neurology, Medical School, San Francisco, California.

caused by drivers who lose consciousness during an attack of epilepsy. A recent occurrence on the San Francisco Bay Bridge is still fresh in the public mind and led to an editorial in the Journal of the American Medical Association. A salesman from Kansas City, driving his automobile across the bridge, had a convulsion while at the wheel. His car careened from side to side, and stopped only when it was crashed by a police car. Another case observed by an officer resulted in a collison which overturned an approaching car, and caused the death of its driver and serious injury of a passenger. The driver of the colliding car had sustained an epileptic fit.

EPILEPSY IS A REPORTABLE DISEASE

Recognizing the hazard involved in permitting epileptics to drive motor vehicles, and with the desire to aid the Motor Vehicle Department in its duties, the State Board of Health of California, in September, 1939, made epilepsy a reportable disease. Since that time 5,540 cases have been reported. On the basis of these reports numerous licenses have been revoked.

DEFINITIONS

The definition of the word "epilepsy" is confusing to physicians. Many convulsive states, of course, are not so regarded. The State Board of Health, however, has ruled that "episodes of unconsciousness" shall be construed as epilepsy. If a physician does not care to use the term "epilepsy," the Board permits him to report "episodes of unconsciousness," "lapses of consciousness," "convulsive state," or even "This patient states that he has episodes of unconsciousness." While, for the purposes of the administration of the law, sudden onset of loss of consciousness is essential, to the physician a transitory disturbance of the functions of the brain has a wider implication. It is his duty to determine whether or not the holder of a drivers' license is safe to be on the public streets and roads at the wheel of a motor car. Loss of consciousness which has a tendency to recur is the physician's guide in reporting epilepsy. This definition covers seizures caused by brain tumor, hemorrhage due to trauma, abnormalities such as porencephaly or hydrocephalus, circulatory disturbances such as Stokes-Adams syndrome, thrombosis, and carotid sinus stimulation. It covers attacks caused by convulsive drugs such as alcohol; it includes inflammations such as neurosyphilis and encephalitis; it encompasses alkalosis, hypoglycemia, and water retention.

In addition, there is a very large group of persons who suffer from so-called idiopathic epilepsy. However, as further studies are made, the belief is growing that convulsive states for which no local or general cause can be found are being increasingly limited. Epilepsy from all causes occurs in the United States in 500,000 cases (Lennox, 1937), a frequency comparable to that of tuberculosis and syphilis. The majority of persons so affected are not in hospitals (possibly only 10 per cent of all nervous and mental cases in hospitals are due to epilepsy); hence a very large number of epileptics throughout the country are subject to the hazards of driving.

The question of petit mal is one that must be considered in reviewing this problem. When a person is driving a motor vehicle forty, fifty or sixty miles an hour, a lapse of consciousness for a split second is all that is required to produce an accident. If the truth were known, it would seem likely that many accidents in which the driver is reported as having "fallen asleep at the wheel" are, in all probability, caused by petit mal.

Hypoglycemia, while infrequently a cause of convulsions and unconsciousness, must be considered. A case in point has recently been under consideration by the Motor Vehicle Department. Cases of carotid sinus stimulation have been reported. Convulsions due to alcoholism are not infrequent.

RELATION TO TRAFFIC REGULATIONS

A problem of ever-increasing frequency is the individual's aversion to surrendering his license because, besides being a necessity for earning a livelihood in many cases, it is also a badge of respectability, an identification card, and a convenience. However, this does not absolve the physician from his responsibility to report the case. In reporting all cases of epilepsy, whether

grand mal or petit mal, or any equivalents, he can protect himself by saying to the patient that the law requires him to make a report to the State Board of Health. If then the patient becomes incensed and dismisses him as his physician. he doctor at least has the sense of having done his duty, and he knows that no one will be called upon to sacrifice life or limb because of his failure to act. When the physician is in doubt about the diagnosis of convulsive seizures, he may advise hospitalization of the patient for a period of observation, or he may request an electro-encephalogram, which in the hands of a competent technician may reveal dysrythmias characteristic of the disease. With a patient's cooperation, a physician need have little trouble with diagnosis.

IN CONCLUSION

Lastly, a problem of increasing concern to the Motor Vehicle Department and the patient's physician is the demand that a revoked license be restored. The patient will contend that since he has not suffered a spell for, say, a year, he is cured; and he requests his physician to make a statement to that effect. A cure in epilepsy is achieved only by the abolition of attacks through treatment until the epileptic habit is overcome treatment until the epileptic habit is overcome. This means persistent administration of drugs such as phenobarbital, sodium diphenyl-hydanto-inate (dilantin), or bromides for years after the attacks have ceased; even then it is doubtful if the disorder may be considered as cured. Because of this, a physician is hardly justified in requesting the restoration of a drivers' license, and the Motor Vehicle Department seldom errs in denying such request. Such cases might well be considered by medical referees who should be provided with the factual data and empowered to take such diagnostic measures as medical practice suggests. Medical Center.

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RONALD V. THUNEN
CHIEF, DIVISION OF DRIVERS LICENSES

Department of Motor Vehicles

DIVISION OF DRIVERS LICENSES

P. O. BOX 2590 SACRAMENTO 12, CALIFORNIA

In reply refer

January 24, 1963

(La WOLO)

William E. Carter, M.D.
Alumni-Faculty Association
School of Medicine
Room 244 Millberry Union
University of California
San Francisco 22, California

Dear Dr. Carter:

Paul Evans forwarded me a copy of the "Alumni-Faculty Association Bulletin" from the School of Medicine and I must say that I have some slight resentment, this over the fact that I well know that I look older and as your picture shows, you apparently don't.

I was pleased to see in your note on the back of that Bulletin your request to be remembered to Mr. Williams, myself, and Keith. I have passed the word to Keith and I am sending a copy of this letter to Mr. Williams.

Mr. Williams retired early in 1962 and I was fortunate enough to succeed him and hope that I will be able to maintain the sort of standards for which he was responsible in the Division of Drivers Licenses.

One of our other employees in headquarters is retiring this month and Mrs. Thunen and I will be with Mr. and Mrs. Williams at his retirement dinner. Rest assured associations with you will be affectionately recalled by the Williamses and Thunens.

I congratulate you on the deserved attention you got on the cover of the Bulletin, but even more on the activities which caused you to deserve that attention.

Sincerely yours,

Kouald Vihum

RONALD V. THUNEN, Chief Division of Drivers Licenses

RVT:jd

cc: Mr. Fred P. Williams

Jake Jime Jo Live-Drive Safely

DL-125 (REV. 5-62)

illiam E. Carter, M.D. nows, you apparently don't. Sulletin your request to be remembered to Mr. Williams, yearf, and Keith. I have passed the word to Keith and as sending a copy of this letter to Mr. Williams. ivision of Drivers Licenses. g One of our other employees in headquarters is retiring his month and Mrs. Thunen and I will be with Mr. and Mrs. Liliams at his retirement dinner. Rest assured associations bich caused you to deserve that aftention.

February 1, 1963.

Mr. Ronald B. Thunan Division of Drivers Licenses. Sacramente, California.

Dear Mr. Thunan,

It was sheer delight to read your letter.

Hearing from you made me recall many incidents in our collaboration of yesteryear.

I well recall the flood of epileptic patients that followed World War 11-unfortunate fellows, the last hired and the first fired from their jobs in their home districts, men who came to the Goast to get the easily obtained war jobs.

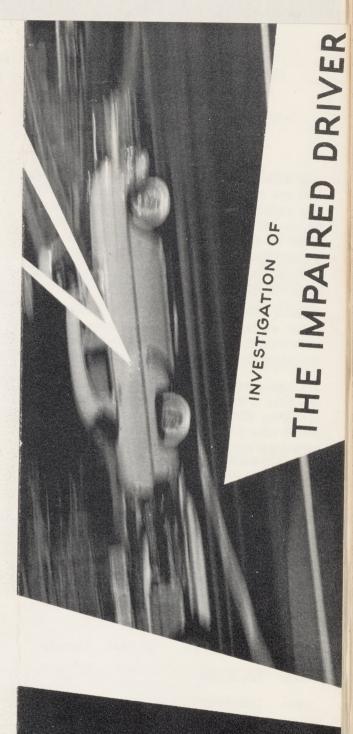
I remember how so many of them had driver's licenses when they came, or who applied for them here, conveniently forgetting to state their maladies in their applications.

Cur free clinic took care of a large number of them. I remember how we required that they make an application for registry and sign an agreement that we be permitted to report their disorders to city, county and state authorities. But your office was at a disadvantage in apprehending such drivers. To overcome that item, our Dr. Howard Morrow, also a member of the State Board of Health, managed to make epilepsy a reportable disease. That procedure permitted you apprehend dozens, hundreds, even thousands eventually. I have no doubt that many people are still among the living because of your constructive work.

Please say to Mr. Williams that I am moving over on the retirement bench to make room for him, for he richly deserves a less strenuous life than has been his lot. And my felicitations to you and your assoclates.

Sincerely yours,

the early senties, of matriction of law tules subusked in a program during enforcement offices better to enable them sender howest Dunders and associate dean to handle grundi-medical The Department of Continuing Education CHEMICAL TEST TECHNICIANS IN TRAFFIC REQUIREMENTS FOR CERTIFICATION OF ACCIDENT CASES BY THE NATIONAL THIS COURSE MEETS THE ACADEMIC



UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE CONTINUING EDUCATION IN MEDICINE AND THE HEALTH SCIENCES SAN FRANCISCO MEDICAL CENTER

INVESTIGATION OF THE IMPAIRED DRIVER

June 10 - 21, 1963

Road accidents are one of the most important causes of death and disability in the United States today. The most significant single factor in this mounting toll is the impaired driver. Whether this is due to illness or alcohol and other drugs which affect judgment, the careful investigation of the potential or real accident by those responsible for traffic safety is the only way by which this hazardous situation can be controlled.

Adequate investigation requires a real knowledge of the factors involved. This conference is designed to give the information and understanding which those who have this responsibility need for the best use of their efforts.

The program is divided into two sections. The first week is devoted to the general problems which face the investigating officer, the lawyer and the judiciary. The second week is a practical workshop for those who are immediately concerned with the investigation of fitness to drive. It is hoped that the knowledge and understanding gained from this conference will have a real effect in reducing danger on the road.

This conference is presented by the University of California School of Medicine, San Francisco, and Continuing Education in Medicine and Health Sciences, in cooperation with the San Francisco Police Department and the California Highway Patrol. Registration is open to all those directly concerned with traffic accidents.

REGISTRATION

Time: 9:00 - 9:30 a.m.

Date: June 10, 1963

Place: Toland Hall.

University of California Hospital Third and Parnassus Avenues

San Francisco

Fee: \$100 for two weeks (\$50.00 per week)

PROGRAM CHAIRMAN AND
CHAIRMAN OF THE SESSIONS

Charles H. Hine

MONDAY, JUNE 10

9:30 - 9:50 WELCOME

Malcolm S. M. Watts
INTRODUCTION

Thomas Cahill
9:50 - 10:00 ORIENTATION

Charles H. Hine

10:00 - 12:00 VIEWPOINTS OF THE PROBLEM - OPEN FORUM

Julius G. Henry - The Police

Hon. Gerald S. Levin — The Judiciary Thomas F. Lynch — The Prosecution J. Alfred Rider — The Physician Irma West — Public Health

12:00 - 1:45 Lunch

PHYSIOLOGY OF THE NERVOUS SYSTEM

1:45 - 2:15 Integration of the Central Nervous System

William F. Ganong 2:15 - 2:45 The Special Senses Kenneth T. Brown

2:45 - 3:15 Neuro-muscular Coordination
William Anderson

3:15 - 5:00 Open Forum with the Afternoon Lecturers

TUESDAY, JUNE 11

9:00 - 9:30 Hypnotics and Narcotics
F. H. Meyers
9:30 - 10:00 Mood Affecting Drugs
Thomas N. Burbridge
10:00 - 10:30 Stimulants
Bertram G. Katzung
10:30 - 11:00 Metabolism of Drugs and Chemicals
Charles H. Hine
11:00 - 11:20 Recess

11:20 - 12:20 Questions and Answers 12:20 - 1:45 Lunch

CONDITIONS SIMULATING BEHAVIOR CHANGES DUE TO ALCOHOL AND DRUGS

1:45 - 2:15 Medical R. Daniel Gorman 2:15 - 2:45 Surgical Orville F. Grimes

2:45 - 3:15 Neurologic William Anderson

3:15 - 3:45 Psychiatric Carroll Brodsky

3:45 - 4:00 Recess

4:00 - 5:00 Open Discussion with the Afternoon Lecturers

WEDNESDAY, JUNE 12

INVESTIGATION OF TRAFFIC ACCIDENTS

Henry W. Turkel

10:00 - 10:20 Recess
10:20 - 11:20 Pedestrian - Vehicle
Edward J. Moody
11:20 - 12:20 Traffic Safety
John C. Hall
12:20 - 1:45 Lunch

9:00 - 10:00 Vehicular Collisions

EVALUATION OF THE IMPAIRED DRIVER

1:45 - 2:15 Physical Examination
Daniel J. O'Connell
2:15 - 2:45 Interview of the Driver
I. Thomas Zaragoza
2:45 - 3:15 Interrogation with Voice Transcriber

3:15 - 4:00 Eugene Caldwell
Use of Moving Pictures
James W. Brackett, Jr.

4:00 - 4:15 Recess

4:15 - 5:00 Open Forum with the Afternoon Lecturers

THURSDAY, JUNE 13

CHEMICAL AND PHYSICAL TESTS

THE ADMINISTRATION, INTERPRETATION AND USE OF CHEMICAL TESTS

1:45 - 2:45 Open Forum
Thomas N. Burbridge
Charles H. Hine
Paul L. Kirk
George S. Loquvam
Henry W. Turkel

2:45 - 3:00 Recess 3:00 - 4:00 Open Forum Continued

FRIDAY, JUNE 14

LEGAL MATTERS CONCERNING PRESENTATION OF PROOF OF IMPAIRED DRIVING SKILL

9:00 - 11:00 Statutes Pertaining to Impairment of Driving Skill - Interpretation of Results - Individual Rights
Robert L. Donigan

11:00 - 11:20 Recess

11:20 - 12:20 The Law of Arrest and the

Impaired Driver Arthur H. Sherry

12:20 - 1:45 Lunch 1:45 - 2:45 Admissibility of Evidence and of Records

Arthur H. Sherry

2:45 - 3:00 Recess 3:00 - 4:00 Open Forum with Today's Lecturers

4:00 - 5:00 Summary of Course Charles H. Hine

The second week, June 17 — June 21, will be devoted to practical laboratory sessions. Discussion between registrants and faculty is an integral part of the course. All sessions will be held in Room 818S in the Medical Sciences Building.

MONDAY, JUNE 17

9:00 - 12:20 Review of Principles of Chemistry
Marjorie L. Dewey
Review of Mathematics
Mary Epling

TUESDAY, JUNE 18

9:00 - 12:20 Standardization of Equipment 1:45 - 3:20 Checking of Unknowns 3:45 - 5:00 Handling of Samples

WEDNESDAY, JUNE 19

9:00 - 12:20 Blood Tests 1:45 - 5:00 Breath Tests

(Tuesday, June 18 and Wednesday, June 19)
Robert F. Borkenstein, Chairman
James W. Brackett, Jr.
Marjorie L. Dewey
Kenneth D. Parker

THURSDAY, JUNE 20

9:00 - 5:00 Examination of Persons with Altered Behavior
Robert F. Borkenstein Thomas N. Burbridge

FRIDAY, JUNE 21

9:00 - 5:00 General Review and Discussion
Robert F. Borkenstein
James W. Brackett, Jr.
Thomas N. Burbridge
Marjorie L. Dewey
Charles H. Hine
Kenneth D. Parker

GUEST FACULTY

ROBERT F. BORKENSTEIN, A.B., D.Sc., Department of Police Administration, Indiana University, Bloomington, Indiana

JAMES W. BRACKET, JR., B.S., Toxicologist, Coroner's Office, County of San Mateo, California

LOWELL W. BRADFORD, Director, Laboratory of Criminalistics, Department of the District Attorney, County of Santa Clara, California

THOMAS CAHILL, Chief, San Francisco Police Department, San Francisco

EUGENE CALDWELL, Lt., San Francisco Police Department, San Francisco

MARJORIE L. DEWEY, Manager, Hine Laboratories, Inc., San Francisco

ROBERT L. DONIGAN, LL.B., Northwestern University Traffic Institute, Evanston, Illinois

JOHN C. HALL, District Director, National Safety Council, San Francisco

JULIUS G. HENRY, Captain and Commanding Officer, Sacramento Area, California Highway Patrol, Sacramento, California

THE HONORABLE GERALD S. LEVIN, A.B., LL.B., Judge of the Superior Court, and Chairman of the San Francisco Council on Alcoholism, Inc., and Chairman of the Alcoholics Rehabilitation Association, Inc.

GEORGE S. LOQUVAN, M.D., Associate Pathologist, Western Laboratories, Oakland

THOMAS F. LYNCH, District Attorney of San Francisco EDWARD J. MOODY, Captain of Traffic, San Francisco Police Department, San Francisco

DANIEL J. O'CONNELL, Supervising Inspector, and Commanding Officer, Zone 3, California Highway Patrol

KENNETH D. PARKER, B.S., M.Crim., Toxicologist, Hine Laboratories, San Francisco

HENRY W. TURKEL, M.D., Coroner, City and County of San Francisco

IRMA WEST, M.D., Medical Officer, Bureau of Occupational Health, State of California, Department of Public Health, Berkeley

I. THOMAS ZARAGOZA, Director of Traffic, San Francisco
Police Department, San Francisco

FACULTY

(University of California School of Medicine, San Francisco Medical Center, unless otherwise indicated)

WILLIAM W. ANDERSON, M.D., Assistant Professor of Neurology

CARROLL M. BRODSKY, M.D., Assistant Clinical Professor of Psychiatry

KENNETH T. BROWN, Ph.D., Associate Professor of Physiology

THOMAS N. BURBRIDGE, M.D., Ph.D., Associate Professor of Pharmacology, Department of Pharmacology and Experimental Therapeutics

MARY EPLING, M.A., Assistant Research Biostatistician WILLIAM F. GANONG, M.D., Associate Professor of Physiology

R. DANIEL GORMAN, M.D., Assistant Clinical Professor of Medicine

ORVILLE F. GRIMES, M.D., Assistant Professor of Surgery CHARLES H. HINE, M.D., Ph.D., Associate Clinical Professor of Toxicology and Preventive (Occupational) Medicine and Lecturer in Medicine and Associate Clinical Professor of Public Health

BERTRAM G. KATZUNG, M.D., Ph.D., Assistant Professor of Pharmacology

PAUL L. KIRK, Ph.D., Professor of Criminalistics, School of Criminology, University of California, Berkeley

FREDERICK H. MEYERS, M.D., Associate Professor of Pharmacology, and Assistant Clinical Professor of Medicine

J. ALFRED RIDER, M.D., Assistant Clinical Professor of Medicine

ARTHUR H. SHERRY, Professor of Law, and Criminology, University of California, Berkeley

MALCOLM S. M. WATTS, M.D., Assistant Dean, School of Medicine and Assoc. Clinical Professor of Medicine

APPLICATION FOR ENROLLMENT

Registration is open to all those directly concerned with traffic accidents. To insure enrollment, your application should be received promptly.

MAIL TO: Seymour M. Farber, M.D., Assistant Dean
In Charge of Continuing Education in Medicine
and Health Sciences
University of California Medical Center
San Francisco 22, California
Telephone: MO 4-3600, extension 179

CHECK PAYABLE TO:

The Regents of the University of California

l enclose _____\$100.00 for two weeks _____\$ 50.00 for the first week (Unlimited enrollments)

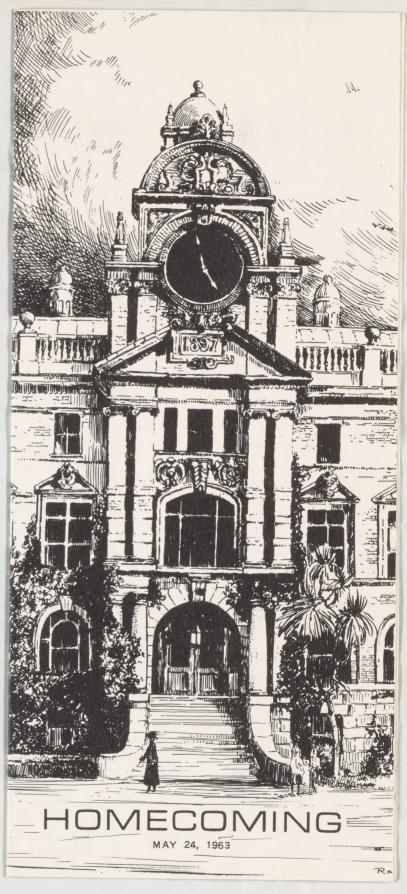
\$ 50.00 for the second week (Limited to fifty enrollments)

Address _____

INVESTIGATION OF THE IMPAIRED DRIVER
JUNE 10 - 21, 1963

THE OLD CLOCK TOWER

Ralph Sweet



Pen Sketch by Ruph Bweet FRIDAY - MAY 24, 1963

You are invited to
attend the ANNUAL HOMECOMING
PROGRAM AND BANQUET of the
Alumni-Faculty Association
University of California
School of Medicine
San Francisco

362C36

REGISTRATION - TOLAND HALL 8:30 A.M.

JEDC JE

Edwin G. Clausen,

President

Francis A. Sooy, Vice-President

Walter F. Carpenter, Vice-President

Richard Gardner, Secretary

William H. Tooley, Treasurer

George Wever,

Councilor

Hilliard J. Katz,

Councilor
W. E. Carter,
Councilor-at-Large

JEDC JE

(Cover from the original drawing by Professor Ralph Sweet)

P R O G R A M 9:00 A.M. – 1:00 P.M.

THE NEUROLOGIST LOOKS AT VERTIGO Donald Macrae, M.B., Ch.B., M.D., M.R.C.P. (London), F.R.F.P.S. (Glasgow)

THE FUTURE OF TISSUE TRANSPLANTS John Najarian, M.D. Assistant Professor of Surgery

BIRTH CONTROL

Donald Minkler, M.D., Assistant Clinical

Professor of Obstetrics and Gynecology

MEDICAL EDUCATION IN SOUTHEAST ASIA John W. Brown, M.D., Advisor in Medical Education in Thailand, Public Health Division, U.S.O.M., and Lecturer in Medicine

LUNCHEON - 1:00 P.M. Millberry Union

SPACE MEDICAL OPERATIONS Charles A. Berry, M.D., National Aeronautics and Space Administration

BANQUET - St. Francis Hotel - Mural Room Cocktails - 6:30 P.M. Dinner - 8:00 P.M.

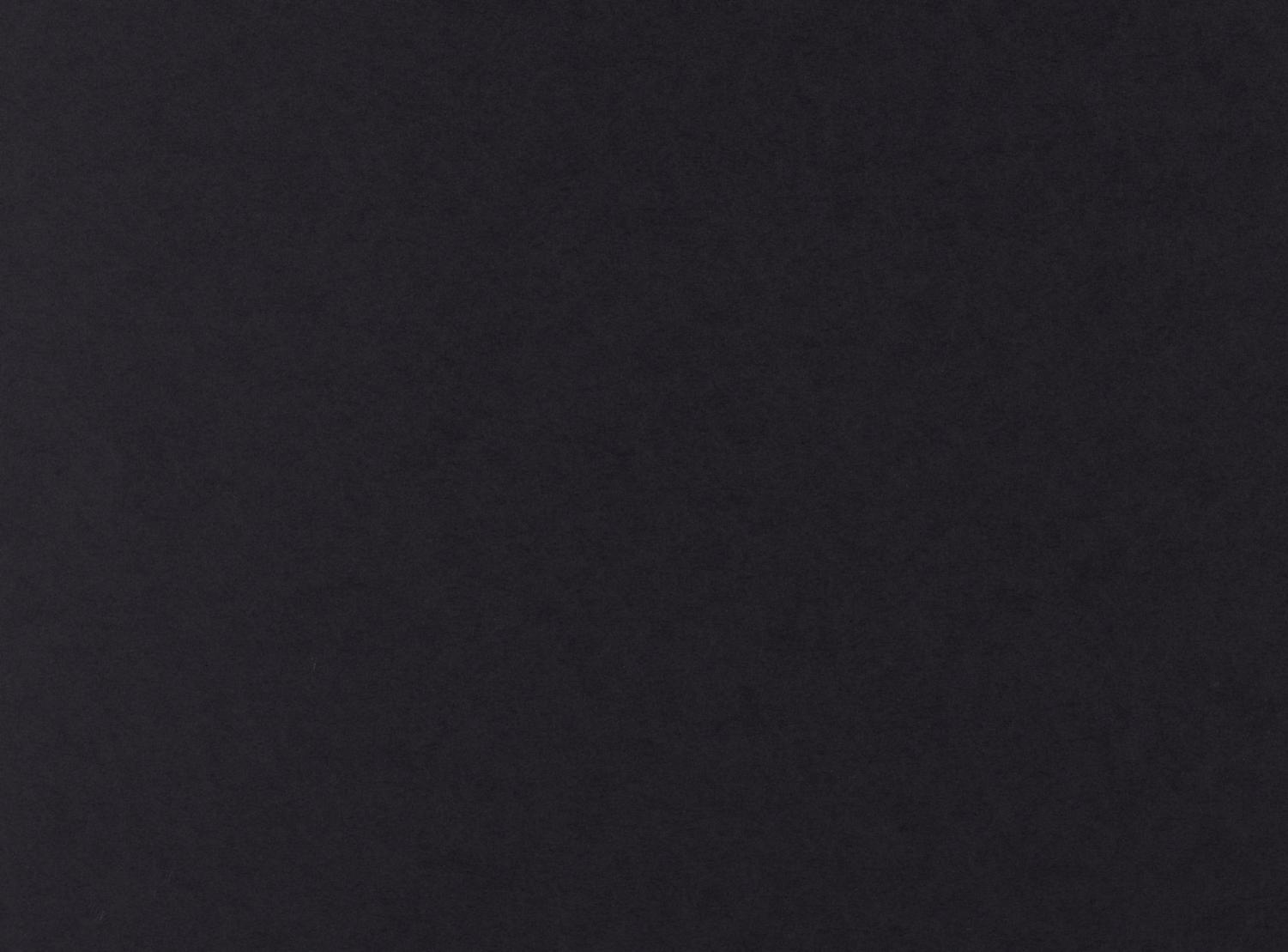
Reservations
Number _____ Luncheon \$ 2.50

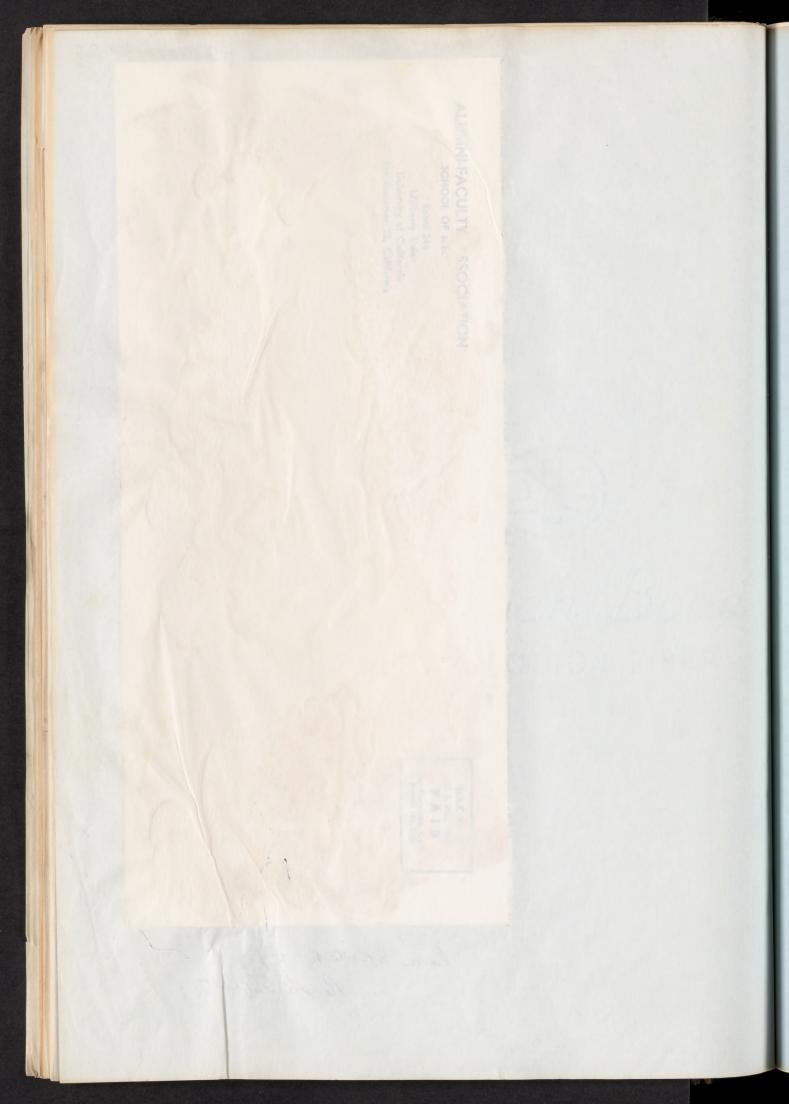
_____ Banquet \$10.00

Name _____

Make checks payable to the Alumni-Faculty Association. Room 244 Millberry Union San Francisco 22, Calif.

Pen Sketch by Ruph Buret





OTOLARYNGOLOGY

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TALES AND TRADITIONS VOL. 5

The list of chairmen of the department of Otolaryngology at the University of California Medical School as compiled may be incomplete as I have no record of, nor memory of, anyone preceding Dr. William Martin. I am indebted to my friend, his son W.A. Martin, Jr. for the information about his father. His interesting letter contains the facts as he remembers them and I quote from it:

** A Nov. 6, 1962 correspondence from W.A. Martin, Jr. to R.C. Martin, M.D.

''He was born and raised...he probably slammed the door.''

The Hitch mentioned was Dr. Harold Hitchcock an orthopaedist and one of the most brilliant men ever to graduate from our medical school. Those of us who knew and loved Hitch get a real understanding of Dr. William Martin.

The next chairman who had the title of Clinical Professor was Dr. Albert J. Houston, born in St. Louis, Missouri and reared in Redding, California and San Francisco where he attended Lowell High School. He intended to be a reporter and writer and followed his bent at the University of California where he edited the Blue and Gold. He told me that he went to work for the Examiner but was discharged.... why he did not say. He wrote brilliantly so I never did understand it. He enrolled in Cooper Medical College (later Stanford) whence he graduated about 1900. He financed a year (or two) of study in London by borrowing. On return he became an assistant to Dr. Adolph Barkan whom he left when refused a raise from \$150 a month

TALES AND TRADITIONS VOL. 5

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accompanied by the statement that he (Houston) would never suceed as he had "no personality". Never was there a greater mistake in judgment made of man's potential as he was outstanding in that particular.

He became head of the division in 1907 remaining in that position until 1924 when he was succeeded by Dr. Wallace B. Smith. When the clinic was in the old building (the one with the clock on it which is now on the way to history) Dr. Houston bought all the wonderful prepared skulls and much of the equipment then in use.

Dr. Abel Johnson, Dr. Frederick Lewitt and Dr. Henry Horn were the men I recall in the department, Dr. Johnson carrying the major part of the clinic load and operating. He was a skilled and very rapid operator. Dr. Lewitt was one of many California football players who later became outstanding physicians.

In 1915 Drs. Houston and Walter Franklin decided to split up their Eye,

Ear, Nose and Throat practice. Dr. Houston became an Ear, Nose and Throat M.D.

and Dr. Franklin, head of the Eye Department at the University, took up Eye exclusively.

Df. Wallace B. Smith, a good and kindly teacher, took over as Chairman in 1924. I am indebted to him for following outline of his career. His kindly note on Dr. Houston shows the spirit of the man. While a resident on his service (the first such resident) I received most of my training and help from him for which I am truly grateful. This first residency included Neuro-surgery whose chief was Dr. Howard C. Naffziger — a wonderful chief and teacher.

^{**} B Jan. 14, 1962 correspondence from Dr. Wallace B. Smith to Ki Martin

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[&]quot; B Jan. 14, 1962 correspondence from Dr. Wallace B. Smith to Ki Martin

Our records give dates and appointments which Dr. Smith omits.

Wallace B. Smith, M.D.	Born: 1880
Graduated: Birmingham Medical College	1903
Assistant in Otolaryngology University of California School of Medicine	1919
Instructor to Associate Clinical Professor, Chairman of Division of Otolaryngology	1924

Dr. Smith carried on from 1924 to 1945 - the longest tenure as chairman of anyone to date. He can be proud of the department he helped to build and the men he trained.

Dr. Lewis F. Morrison an indefatigable worker whose energy led to his death on November 10, 1956 was the next chairman assuming office in 1945. His career and various appointments follow.

Lewis F. Morrison, M.D.	April 7, 1999	M.D. May 1926 Univ. of California
Assistant, Dept. Bacteriology	1920	
Assistant, Division Otolaryngology	1926	
Instructor, Otolaryngology	1928	
Asst. Clinical Professor	1933	
Assoc. Clinical Professor	1938	
Clinical Professor	1944	
Chairman of Division Otolaryngology	1945	

Died: November 10, 1956

Our records give dates and appointments which Dr. Smith omits.

Born: 1880	ace B. Smith, M.D.
1902	Graduated: Birmingham Medical College
	Assistant in Otolaryngology University of California School of Medicine
1924	Instructor to Associate Clinical Professor, Chairman of Division of Otolaryngology

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Assistant, Dept. Bacteriology		
Assistant, Division Otolaryngology		
Instructor, Otolaryngology		
Asst. Clinical Professor		
Assoc. Clinical Professor		
Clinical Professor		
Chairman of Division Otolaryngology		

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He set up night lectures, worked long hours and generally "drove" himself. He
became a member of the American Board of Examiners for Otolaryngology and
had been elected president of the American Laryngological, Rhinological &
Otological Society but death supervened and he did not get to serve. The Lewis
Morrison Memorial consisting of colored teaching photographs is now in process of
being set up.

One of his outstanding contributions to laryngology was a monograph on innervation of the larynx.

Francis A. Sooy became acting chairman of the division in 1956, chairman in 1958 and Professor of Otolaryngology and Chairman of the division in 1961. He is the first full Professor in this division. There have been Clinical Professors but no full Professors.

He received his training at U.C. under Dr. Morrison and completed his residency at Washington University in St. Louis under Dr. Theodore Walsh.

He served in the Navy and on discharge became associated with Dr. Lewis Morrison and Dr. Gordon McCoy.

Dr. Sooy's record follows:

Francis A. Sooy, M.D.	Born July 1, 1915	M.D. June 1941 Univ. of California
Clinical Instructor in Otolaryngology	1946	oniv. or Camorina
Assistant Clinical Professor	1948	
Associate Clinical Professor	1952	
Director, Audiology and Speech Clinic	1953	

Lew simply refused to spare himself though he knew he was not well.

He set up night lectures, worked long hours and generally "drove" himself. He became a member of the American Board of Examiners for Otolaryngology and had been elected president of the American Laryngological, Rhinological & Otological Society but death supervened and he did not get to serve. The Lewis Morrison Memorial consisting of colored teaching photographs is now in process of being set up.

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Tancis A. Sooy, M.D.	Born July 1, 1915	M.D. June 1941	
Clinical Instructor in Otolaryngology		Univ. of California	
Assistant Clinical Professor			
Associate Clinical Professor			
Director, Audiology and Speech Clinic			

Acting Chairman, Division of Otolaryngology	1956
Chairman, Division of Otolaryngology	1958
Professor of Otolaryngology and Chairman of the Division	1961

He has served on many national committees and is a member of our specialties societies such as the American Laryngological, Rhinological and Otological societies.

At present (1963) I believe that we have one of the best divisions in the medical school and offer excellent training. This is evidenced by the large number of applicants for residency training — a sure measure of the worth of the teaching.

A list of the residents in chronological order may be of interest.

** C a two page insert

Dr. Homer Woolsey who was chief resident in surgery and a professor was in my home recently and asked me if I ever knew the "big Swede" who held ethmoid curettes corsswise in his mouth as he admonished the patient "don't more, I am only a millimeter from your brain". He did not recall whether he ever made the last millimeter, a consummation to be earnestly avoided. This may be "apochryphil" but Dr. Woolsey insisted it was not. Please believe that this technique was not that of the rest of the staff. Until Dr. Smith introduced the use of gloves in tonsellectomy no one used them and there was no difference in morbidity then and now. All bleeders in this operation were sutured until the historian introduced the use of "ties" and showed that properly applied they held.

Acting Chairman, Division of Otolaryngology

Chairman, Division of Otolaryngology

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Professor of Otolaryngology and Chairman 19

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C a two page insert.

Dr. Homer Woolsey who was chief resident in surgery and a professor was in my home recently and asked me if I ever knew the "big Swede" who held elimoid curettes corsswise in his mouth as he admonished the patient "don't more, I am only a millimeter from your brain". He did not recall whether he ever made the last millimeter, a consummation to be earnestly avoided. This may be "apochryphil" but Dr. Woolsey insisted it was not. Please believe that this isolatingue was not that of the rest of the staff. Until Dr. Smith introduced the use of gloves in tonsellectomy no one used them and there was no difference in morbidit than and now. All bleeders in this operation were sutured until the historian introduced the use of "ties" and showed that properly applied they held.

The department has seen many changes such as the focal infection theory which was overdone; septicemia treated by mercurochrome and gentian violet intravenously and immune serums. Meningitis of nasal or otitic origin was nearly 100% fatal. Then came the sulfonamids and later the "mould" antibiotics hailed first as a cure all which they almost were until resistant strains developed. One thing they did do was almost obliterate the so called simple mastiodectomy.

The older men were mostly mastiod (simple and radical) surgeons, plus much nasal surgery and tonsillectomy. Now our well trained graduates are capable head and neck surgeons as well as microscopic surgeons doing aural hearing reconstruction.

In closing it should be noted that Dr. Alex Weiskopf and Captain (U.S.N.)

Maurice Schiff have won the Mosher Award of the American Laryngological,

Rhinological & Otological Society for the best thesis presented by a candidate for

admission to that society. The work on these was done in our department where

they are staff members. Dr. Gordon McCoy has won this award this year, 1963.

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OUR TRADITIONS

William E. Carter

OUR TRADITYTONS

restored 5 matters

UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER

OLOF MEDICINE

February 15, 1963

William E. Carter, M. D. 115 Belgrove Avenue San Francisco, California

Dear Doctor Carter:

I want to express the gratitude of the Department of Medicine for the gift of the Cane that you and Langley Porter have made distinctive. Your over-modest self need have no concern over possible confusion with THE Cane. The fact that this Cane was carried by Langley Porter and William Carter gives it sufficient dignity and merit in its own right and it will be so exhibited.

I have never taken time to thank you adequately for all you have done over the years to enhance the Gold-Headed Cane tradition. I do so now knowing that your treasury of traditions and history of this campus is a superb and irreplaceable contribution.

With heartfelt wishes for your immediate and more distant future, I am

Sincerely yours,

Henry Brainerd, M. D. Professor of Medicine Chairman, Department of Medicine

HB:js

cc: Langley Porter, M.D.
John B. deC. M. Saunders, M.D.

Dear Doctor Carter: stith beartfelt wishes for your immediate and more digital future. Henry Beitperd, M. D. Frofesior of Maliclas

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An address by William E. Carter, M. D. at the Gold-Headed Cane Ceremony
June 18, 1952
University of California School of Medicine
San Francisco

OUR TRADITIONS

Before we go into the subject of our own pet traditions, let us think together for a moment about traditions in general.

The line of demarcation between pure traditions and the specific data set down in our books is somewhat dim. Our everyday activities are motivated, usually unconsciously, by the things that have come to us from the distant past. One does not stop to think, for example, as he makes a biochemical estimation, that he is dealing with the mathematics that have come to us through the early Near East cultures, nor as he glances at the face of the clock, that he takes into account the old Babylonian method of recording time, nor does the laborer next door realize, as he employs levers and pulleys in hoisting steel beams into place, that he is utilizing the computations of Archimedes. The "humanists" of the Middle Ages, even though they may have misunderstood the Roman and Greek antiquities, by their very intervention, gave us many of our social stimuli. The members of the Mayflower, or the Spaniards of Cortez and Pizarro, who came to the new land were able to imagine a new life because the old and customary had been handed down to them by their progenitors. In the wards, laboratories and offices of the modern institution in which we work, we are able to proceed because of the light developed for us by those who preceded us. Let us pause a moment in grateful memory.

In my recent reading I came across a series of delectable letters which had come to light during the middle of the last century—The Private Correspondence of Daniel Webster. In one of these letters Webster referred to tradition as "that which hands down the practical arts with more precision and fidelity than they can be transmitted by books."

Now, that is an apt conception, if we look at it the way Daniel Webster did, for he was a literateur and an orator, not a scientific man; he was not referring to a nuclear physics formula. In this letter he illustrated his point by a paean of praise in his best Websterian form, of a Lucullian dish which the French cook of his hostess had prepared for the dinner of the previous evening—and it was tripe. At the end of his superlatives, he finally concluded that there would be no advantage in asking his hostess to procure the recipe for him, for no matter how meticulously it was followed, the result would not be right—tradition having no substitute in the culinary art.

There are two kinds of traditions, good and bad. We cherish the good ones; but let us not overlook the fact that there are also unworthy ones, and these we must recognize and deplore. Who would justify the tradition of the Iroquois who ate the heart of his human captive to acquire his strength, or that of his modern equivalent, the matador, who hastens to consume, while still fresh, the heart of the vanquished bull?

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Euro to to And of o anot Engl stir by t eloq Or let us come closer home. It was only a relatively short time ago that the edicts of Galen were accepted without question. "How can a stream rise higher than it's source?" they asked. Anything that was un-Galenic was heresy. Or let us take a more modern instance: it seems but a short time ago that an old medical friend (he was eighty when I was just a boy), warned against giving water, except in doled-out sips, to a patient with typhoid. He had not the slightest rational basis for his conclusion—but it had come to him from his teachers, and to them from their instructors—it had become a tradition—and a bad one. Or again, I do not recall having read in my books of nearly half a century ago that a patient should be kept flat on his back for a fortnight after an operation.

Such a procedure was assumed to be inviolable—a tradition, also a very bad one, as we now well know. But one could go on indefinitely, giving horrendous examples.

Let us rather consider for a moment the magnificent traditional advantages we have in our own field -- the medical sciences. Not among the least exciting of them came to us by way of Plato--himself a great initiator. as well as a transmitter, of the best thought of his time. We have only to think of the great impetus he gave to chemistry and physics, for example, with his theory that matter is composed of myriads of small triangles, ingeniously fitted together in various ways, thus making the structures. And who can say that John Dalton did not have this concept in the back of his mind when he formulated the atomic theory? And you will recall from your school day reading of Plato the absorbing description of the death of Socrates, in which he recorded that the great philosopher himself recognized his debt to them who had gone before when, just before taking the fatal hemlock, he cried out: "Crito, we owe a cock to Aesculapius." In his Dialogues. Plato left us many observations that apply to medicine. Even though his grasp was not always exact, the kernel was there -- a seed of inspiration for thinkers over the centuries. Jowett, his great interpreter, as pointed out by Osler, was moved to epitomize it. In his delightful Balliol diction he said: "More than two thousand two hundred years have passed away since he returned to the place of Apollo and the Muses, yet the echo of his words continues to be heard among men, because of all the philosophers, he has the most melodious voice."

Among the greatest of our traditions and ideals are those that have come down to us embodied in the inspiring precepts of that moral and mental giant—Hippocrates. Down the centuries, for more than two millennia have echoed his vivid and inspiring words. And just recently in this Hall, have we again seen in the illumed and eager faces in the graduating class, an impelling response and affirmation of the Oath. When we behold such attitudes, let us take heart and be glad.

We need only to look for a moment at our <u>literary traditions</u>. We are heir, in this polyglot land of ours, to all the written wealth of Europe, Asia and even the Americas, for our neighbors to the north and to the south have rich literatures to which we are tardily awakening. And who among us, whatever his national origin, but loves the literature of our British mother. Though we may have at least a working grasp of another tongue, are we not speaking in English tonight? So we read English-written books—from Mother Goose to Arnold Toynbee, and we are stirred by the oratorical periods of Patrick Henry and Warren Hastings, by the sonorous cadences of an Ode to a Nightingale or the simple eloquence of the King James translation of the Songs of David.

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I know of no greater treat for a lazy afternoon than to browse through a copy of Hendrik Willem Van Loon's THE ARTS. Himself an artist of no mean ability with brush and pencil, he makes live before our very eyes the beauty of the arts, ancient, medieval and modern. We go with him step by step from the primitive cave-drawings to the undying master-pieces of the Renaissance; and how fervently we pray for a rebirth of those latter magnificent concepts, especially when we view the atrocities, which pretend to grace, but actually disgrace, all too many of our modern exhibitions. But we must not despair, for the spiked curve, like those of political and social development, with its peaks and valleys, is ever in the upward direction. "And these things too shall pass away."

Among our traditions we have that of architecture -- the fine art of producing places of habitation, worship, amusement and trade. The frequency of beautiful structures about us, for we do have worthy architecture even in this young country, tends to condition us toward inappreciation. What a tremendous jump it has been from the sod hut to the modern residence or to the magnificent structure now going up on this Campus. We seldom give more than a fleeting thought to the development of this great art--its beginning in ancient Egypt, in the valleys of the Euphrates and the Tigris, in ancient Crete and Corinth, nor of the Roman appropriation of the Greek architecture and the substitution of the Etruscan arch for the Greek column, of the vaulted structures which came with the Renaissance, of all the modified and enriched Brahmin, Buddhist and Mohammedan influences, of the secondary modifications of the Spanish and other peoples. We are recipient of all this rich heritage. And it is fair to say that nearly all modern architects respect these traditions. If a few violate them, let us think that they are the exceptions that prove the rule.

Our traditions of political economy need little comment. Our fore-fathers, among them such monumental personalities as Franklin, Jefferson and Wythe, that small but determined body of intrepid men who beat out the Declaration, the Constitution and the Bill of Rights, were nurtured and inspired by the Magna Carta wrung from King John at Runnymede in 1215. The thesis of the dignity of the individual often has been denied since then, but the challengers have always failed. And in God's good time, they will fail again.

On the question of religious tradition, we can speak with less exactness, and perhaps with more heat than light, for this field is muddied with human emotions. The first ethical concepts probably began when man emerged from his arboreal existence and began to tend a patch of earth, and thereby learned the difference between mine and thine. And when he encountered a phenomenon inexplicable to him, he ascribed it to the preternatural, with as much assurance that such made it factual as does his modern prototype, for frank agnosticism was perhaps as difficult for him as for some moderns. And with religious groups, came pretentions and arrogances, distasteful to the modern mind. As some modern Samuel Butler put it: "God created man in his own image; and man has been returning the compliment ever since." But when all the trappings are stripped away, there remains the ethical core which has been the heart of most religions, much to the betterment of man.

There is yet another tradition which we have here in the West, and

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that is the one of place-names given us in the language of our second mother --Spain. How we treasure them though we may not speak a single sentence correctly in that beautiful tongue! We recall that in the middle of the twelfth century, there was born in the little hill town of Assisi in northern Italy, an aristocratic man-child by the name of Francesco Bernardone. He grew into a dissolute youth, but after a serious illness, he was converted to the better life, set a pattern that released his people from their habitual dourness, paved the way for the apostles of light like Fra Angelico and Giotto, and finally founded that productive religious order known as the Franciscans. To them and to their creator, St. Francis, we owe much. For did they not leave us a rich legacy in architectural and linguistic beauty, especially the latter? And are not those names a perennial delight? Is it likely our own San Francisco. "where every breath is a transfusion," could have become the mecca that it is if called Franktown? Imagine a Little Sorrow Church for Mission Dolores, a Holy Cross for Santa Cruz and, worst of all, a St. Matthew for the melodious San Mateo. Happily we have avoided, in the main, such linguistic monstrosities as "Jollyette" for Joliet, "Saint Looey" for St. Louis, and something to rhyme with "sister's jeans" for Nouvelle Orleans. And we must blush a bit when the sonorous Los Angeles becomes the sibilant "Las Angeleez" ?

Let us consider next the tradition known as professional ethics. The cynics cry out that it is a protective device, a reciprocal backscratching to insure immunity from deserved criticism, a way of concealing our shortcomings. But we know it is other than that. Basically, it acts for the good of our patients, since it minimizes the daily pin-pricks of medical life, and thereby places us in a better mood to serve the sick—themselves in hyperirritable state. Let us detach ourselves from our medical roles and assume that of the patients. How serene or confident would we be if we saw our medical advisers clawing at one another, instead of cooperating in an effort to relieve us of our ills?

No man or woman is more miserable than the person whose make-up is such that he cannot get along with his fellows. If he is in medicine he should never have been there in the first place. For in no other profession is one required to bear a more varied crown of thorns. No doctor can ever be entirely free from worries and introspection. He is constantly saying to himself: "Did I make an error of omission or commission in this or that?" "Have I done aught in this circumstance that could be improved upon?" Such considerations weigh heavily and constantly upon him. No wonder his life expectancy is less than it should be. And who is there among us who does not need the solace and sympathetic support of his confreres? Never let us forget that the way to have a friend is to be one—and this rule is doubly applicable when employed in our professional relationships.

At this time I should like to interpolate a subject, not particularly connected with that of tradition, but one which will be of considerable interest to you young men and women of the graduating class. It pertains to our standing as a profession in the community. Even though one hears an occasional vitriolic attack against us in general, we oldsters know that our position is steadily improving. When I was a boy, the individual doctor was liked, but collectively we were deplored; and, it must be

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admitted, there was much justification for the attitude, for reasons which we need not mention here. Now the picture is changing. This is sharply pointed up by an occurrence at a University of California Commencement, in 1946 as I recall. There were so many graduates and friends that it was impossible to assemble them all in a hall. So the football stadium was employed for the purpose. The President of the University, whose normally stentorian voice was mechanically amplified, called the candidates by classes. (You will recall that the immediate post-war G.I.s went in for engineering in a big way.) When Dr. Sproul asked the candidates for the degree of Bachelor of Engineering to arise, about half an acre of black stood up. There was a general laugh, just preceding the usual Papa-Mama claque. The next group was the candidates for the degree of Ph.D. About twenty arose, and the cheering was greater than that ordinarily accorded to such a small group. But when the candidates for the degree of Doctor of Medicine were called, the reaction was almost a roar. On the way home I tried to rationalize these responses. That for the Engineers was accountable because their great number was a sort of current joke, that for the Ph. D's because the great nuclear physics laboratory on the hillside was plainly visible, and everybody knew that it was manned by scholars, many of them with higher degrees. But that of the medicos required a different explanation. I thought it might well have been because there was scarcely a person in that vast audience who had not had someone in the Armed Forces who had been immediately aided by the medical men in service. So I mused, "Maybe at long last they are coming to love us."

With this epitome of traditions in general, let us examine our immediate scene here, in this School of Medicine. We are so accustomed to think of tradition as something ephemeral, something coming down to us from the distant past, that we are prone to forget that it may also be something of rather recent development. I can best illustrate this by reciting an incident of several years ago. At that time a member of the Faculty of the University of Strasbourg was invited to come to America and give a series of lectures -- some of them in this very amphitheatre. I had personally soaked up in my association with this man some of the tradition of that ancient Alsatian institution. (You may recall that both Goethe and Pasteur had labored there). I knew he regarded tradition as something old and hoary, something mystic from antiquity. So I decided to give him a mild shock. One day I conducted him about the Berkeley Campus, and told him how it came to grow from an aspiration and a cow pasture to its present size and eminence in something less than a century. The next day we drove down to Palo Alto and visited "The Farm." After lunching with Lewis Termann, with whose work he was quite familiar, I took him to the Chancellor's home. The revered David Starr Jordan was then living, and the two had a field day in German. The conversation was punctuated by frequent exclamations of "Wunderbar" and "Ausserordentlich" on the part of the visitor. On the way back to the city he was incandescent in French, German, and English on what he had seen. And he kept repeating: "Just to think, it all happened within one man's lifetime." But the denoument came when he reached home and wrote an article on his American visit which was published in a non-medical. French magazine; and in it he allotted about one-third of the space to these particular experiences:

Our tradition in this School of Medicine began just under a century ago and it is largely coeval with the development of the Golden State.

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dated we need not sention here. Now the picture is charging. This is carply pointed up by an occurrence at a "University of Callfornia commencement, in 1945 as I recall." There were so many graduates and riends that It was impossible to assemble them all in a hall. So the cottent of that It was impossible to assemble them all in a hall. So the cottent of the process of the president of the cottent of the contract of the conditates by classes. (You will recall that the immediate contract was the candidates for the degree of Rachelor of Engineering to arise, and the candidates for the degree of Rachelor of Engineering to arise, and the sandidates of black stood up. There was a general laugh, just about half an acre of black stood up. There was a general laugh, just creating the usual Pape-Mana chaque. The next group was the candidates for the degree of Ph.D. About twenty sress, and the cheering was greater the degree of Ph.D. About twenty sress, and the cheering was greater can that ordinarily accorded to such a small group. But when the candidates for the degree of Doctor of Medicine were called, the reaction and that or the Engineers was accountable because their great number was a candidates for the degree of Doctor of Medicine were called, the reaction and that for the Engineers was accountable because the great number was a cart of our on the hillside was plainly visible, and averycody my that for the medicos required a different explanation. I shought it may that it was manned by coholars, many of them with higher degrees. The that of the medicos required a different explanation. I shought it maddence who had not had someone in the Armed Boroes who had not had someone in the Armed Boroes who had not had someone in the Armed Boroes who had one the coming to love us."

Indicately alone the coming to love us."

With this spitoms of traditions in general, let us examine our think of tradition as smething sphemeral, something coming down to think of tradition as smething sphemeral, something coming down to the distant past, that we are prome to forget that it may also a monothing of rather recent development. I can best illusivate this monothing of rather recent development. I can best illusivate this in Faculty of the University of Strasbourg was invited to come to America and give a series of lectures.—some of them in this very amphitheatre, and gereonally seaked up in my association with this man some of the relation of that another has the institution. (You may recall that the first control of the standard has a series of lectures and lesten has there). I have he regarded bridge the bound of the seaked bridge mystic from antiquity. So I decided to be the shock. One day I conducted him about the berkeley as smething old and heary, something mystic from antiquity. So I decided the shock. One day I conducted him about the berkeley associated the shock of the shock. One day I conducted him about the berkeley associated the second him to the Chancelot of the sum of the second him and a companies work he was quite familiar, second to the two had a field day in German. The conversation was thought to the Chancelous to the way back to the city he was incandescent from him to the Chancelous of Wanderbar" and "Ausserbraches of Trends, it all happened within one man's lifetime." But the second must be head seen. And he kept repeating the way back to the city he was incandescent from the past of the viction. On the way back to the city he was incandescent from the past of the resolved home and wrote an article on his haerican such which was published in a non-medical, french magazine; and in the head about one-third of the space to these particular superisances.

Our tradition in this School of Medicine began just under a century and it is largely cooval with the development of the Golden State.

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It started when a group of men, headed by Beverly Cole, whose portrait is on your right, and Hugh Toland, whose statue is at your left and whose name this amphitheatre bears, were not satisfied with the mores of the frontier and proceeded to do something about them. During the next 25 or 30 years they developed a medical school, which finally was housed on this site, a unique campus, in that it occupies a position in almost the exact geographical center of a great, modern city. The story is epic, a thriller of derring-do. Now that you graduates will have some time for reading other than that required during these last seven strenuous years, you might well devote some of it to these stirring events. The literature is abundant.

We have yet another recollection in this School, recent though none the less real. Those among us of my generation who have been privileged to attend the clinics of such magnificent teachers as Herbert C. Moffitt and Wallace I. Terry, have especial cause to be grateful. Their work is living after them and is becoming one of the traditions of this institution.

Finally, let us come to the tradition of the Award of the Gold-Headed Cane. You are aware, no doubt, that the custom originated in nineteenth- / 7 century England. The original Cane was handed down from one eminent physician to another--to a younger man who had the "attributes of the true physician." Dr. Kerr, who was doing some special work in London about twenty years ago, conceived the idea that the custom might well be transplanted to America. His concept was endorsed by the guardians of the Cane. And so it happens that this transplant has grown--within sixteen years--into a sturdy sapling with every promise of becoming a mighty oak.

Let us now indulge in a flight of fancy and project you of the graduating class fifty or sixty years into the future. Let us imagine you, or you, or you, a retired octogenarian sitting before his fire and musing. A young medical student bounces in with some medical journals under his arm. "Hi-ya Grandad," he calls in the equivalent jargon of that period. "Good evening, my boy, where have you been?" "Oh, over to the Library. The Prof. in Cardiology gave me an arbeit of looking up the history of the development of the clinical diagnosis and treatment of congenital heart disease. And do you know, I ran across a corking article written way back in the middle of the last century, in which an old duffer hit it smack on the nose. It's re-e-markable. And, Gramp, come to think of it, this man might have contemporary with you. Wonder if you knew him? Here it is. His name was William J. Kerr."

And that, son, will be a part of your tradition.

*and overpage is a letter from
that very man:



KERR LAND & TIMBER COMPANY

BOX 338

BLUE LAKE, CALIFORNIA

Mar. 18.1963.

Dear Bill: your recent letter leaves us with unifled Emotions. Frist let me say we are shocked to hear That one of our most cherished friends suffers from what "at The Moment appears to be an incurable malady and with an almost certain outcome. Secondly, we are inspired by your courage in facing This formidable barrier to a longer lipe span and your contemplations on The future. There are very few who face The great beyond with such Equanimity. The are proud to have been associated with you for To many years and the continue which xxxableshes the rules

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PEDIATRIC DEPARTMENT

William A. Reilly



KERR LAND & TIMBER COMPANY BOX 338 BLUE LAKE, CALIFORNIA

to be inspired by your molivations and examples of rectitude and charity.

Ishether one believe in a Mysical or Spiritual hereafter matters little. The now can be certain That mans and energy are perpetualed in one form or another and Therefore are eternal.

There are serveral types of immortality in my book. The genetic Line is becoming better understood and even This type is being based upon chemical compounds. Herertheless the power or force which establishes The rules

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PEDIATRIC DEPARTMENT

William A. Reilly



BLUE LAKE, CALIFORNIA

Deens to be mindelal. The Spiritual type of munochality must be based upon faith and Carnet be subject to proof. another Types of immodality has always interested me. In my own developement I can identify a munher of men who inspired but in many of my Andervoes which & trust Ivas able to pas on to The next generation. knowing The back ground of most of my idals I can trace Their sources 7, inspiration for two ne march.

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PEDIATRIC DEPARTMENT

William A. Reilly



MERR LAND & TIME

Seems to be invested. The of mumor

BOX 338 BLUE LAKE, CALIFORNIA

or three generations. This is truly a type of immortality you should be present of the many contributions you have made. As an author, director of the clinics and director of the alumin. Faculty assa. Ispecially you have left a permanent second of high areomplishment. To me and my dear Dorothy

You have been and still are one of the bright stars in many dreads of association. Four sense of justice shows warm our hearts.

W. town

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PEDIATRIC DEPARTMENT

William A. Reilly



BOX 338 BLUE LAKE, CALIFORNIA



KERR LAND & TIMBER COMPANY BOX 338 BLUE LAKE, CALIFORNIA

Tohur your letter came Dorothy & I showed it to our young Grandson (Farum aged 18), who is nor a serior in high School and living temporarily with ens. His cemark was "I wish I could know That man!" Dorothy Joins with me in Gending love & devotion. May you have more time and comfort Than you now anticipate. When me Come down See you. Surerel yours Bill come down in June me will

PEDIATRIC DEPARTMENT

William A. Reilly

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A HISTORY OF THE UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE PEDIATRIC DEPARTMENT SAN FRANCISCO, CALIFORNIA

November, 1962

by William A. Reilly, M.D. Clinical Professor of Pediatrics

The University of California since its inception as the Toland Medical College on November 5, 1864 has always interested itself and taught pediatrics in its medical school. For instance, on that opening day, James Blake, M.D., the versatile and first scientist in the State of California, was appointed the first Professor of Obstetrics and Diseases of Woman and Children. Diseases of children were taught and cared for in the department of obstetrics from 1864 until after the turn of the century (?1902). The Department, from its earliest days and particularly from the year 1923 on when William Palmer Lucas became Professor and Chairman, has always interested itself in newer innovations and special clinics. It led the country often in those days in pioneering such types of development, teaching and research.

The department of internal medicine assumed the care of

negative to the second of the second second design to a w of Unstablished int Disseres of Toron and Unitedness. Disgraps 1864 until alter the term of the contact (11902). The venture t. restarce and thei dl .coinile inloces her emplishing

diseases of sick children and also taught pediatrics as part of their curriculum from about 1902 until 1913 when a separate pediatric department was established.

William J. Lewitt was Professor of Pediatrics (1902 to 1913). He was a member of the department of internal medicine. He had reached the end of a long career of teaching and services to the University of California and wished to relinquish his duties. About this time. Dr. Herbert C. Moffitt, then a Professor of Internal Medicine, was appointed head of that department. He was desirous of establishing a separate department of pediatrics and a full-time professor therein. Dr. Frederick Gay, Professor of Pathology at University of California who had come from Harvard, wrote of those plans to Dr. William P. Lucas of the Harvard pediatric faculty. Dr. Lucas then heard from Dr. Herbert C. Moffitt that he and Dr. Lionel Schmitt would be in Boston at the University Club and wished to meet with Dr. Iucas to discuss such plans. At a dinner at the University Club in Boston this was carried out. Dr. Iucas recorded

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el .ertstown formulat to the description of the redser a asy of . (c)er restances therein. In the section of the section of Pathology at oleganto in dillies P. Reets of the derward collectio receipt. r. Reces than beard from Or. Herebert C. (offitt that he and for. edo de mounte e de .emin dour especia et secol au ditte dons co histority Clas to Conton this was corrided out. Dr. Incas meant of in a letter years later that plans were rather nebulous. The committee investigated Dr. Lucas and his accomplishments in Boston. He was offered an Assistant Professorship on a full time basis to develop a department of pediatrics. Lucas accepted. He had not studied pediatrics abroad. At that time, he thought, this was a necessity. He spent six months in Europe, mainly in Vienna and Berlin, visiting Paris and London on short visits. He saw pediatrics as it was taught in those four major cities. Lucas arrived in San Francisco on a chilly October morning in 1913. Dr. Gay took him to the University School of Medicine, the then affiliated colleges at Second Avenue and Parnassus.

In those days streetcar service was not frequent and water supplies were not sufficient. It took Lucas a long time to get over the shock of his first visit. "They took me to the out-patient department which was the crack recommendation for developing a pediatric department, as they said they had a large outpatient clinic and had not tried to develop the pediatric ward.

I found this a remarkable development of a pediatric clinic — in

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An a letter research that clear were rethen nebelon. The condition investigation for the second forestimated in Moston. We see offered an Amistant Professoration on a fill the Amistant to develop a department of redistrice. Incas recorded. We had not redistrict and a necessity. This was a necessity. The contrast of the think think, he thought, this was a necessity. He meant aix souths in January, sminly in Vienna and South, visibiling factor and Lordon on short visits. He can endiately as it was the contrast in those which in the law from and the transfer of the contrast of the contr

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an immer room screened off by curtains — as an adjunct to the department of dermatology." Lucas was an enthusiast and an optimist.

These qualities were infectious from him and most of his staff probably were picked by him on this basis. It seemed necessary in the early years.

Lucas, Wooster (A.B.), Western Reserve (M.D. - 1905),
interned at the Cleveland Charity and Boston's Children's Hospital.

He was an instructor in pediatrics at Harvard and Physician in Chief,
Children's Department, Boston Dispensary. One of his other great
accomplishments occurred during World War I when under Herbert C.

Hoover he was in charge of child rehabilitation and welfare in France
and Belgium, as Chief of the Children's Bureau, American Red Cross.

The Professorship of Pediatrics was a new full time appointment in the medical school, and it is possible that some of the faculty, and particularly San Francisco practitioners, did not look on this with much favor, for many of them were practicing pediatricians though they were also obstetricians, surgeons or internists.

The following paragraphs are excerpts from annual reports, each covering a two year period.

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1913-1914. J. Morris Slemons recommended the transference of the care of the newborn from obstetrics to pediatrics. This was an advance in medical care and education. It was probably the first of its kind in any teaching hospital in this country. Rush and Stanford did the same in 1915 or 1916. Credit must be given to Slemons for his cooperation; however, Lucas probably instituted the separation.

Pediatric psychology and probably psychiatry was started when Dr. Lucas brought in Olga Bridgeman, M.D., a recent Ph.D. in Psychology. Shortly thereafter Louise Morrow, M.D., a medical social worker, started studies in social economics, and the three of them established relationships with departments in the School of Medicine and in the University at Berkeley. Study was made of the Sonoma State Home with a view to using these facilities particularly for studies in mental attainments of backward children and their problems.

1915-1916 saw a connection established with the San

Francisco Board of Education for psychological studies of backward

pupils. The same was carried out in other institutions in San

Francisco which cared for children — boarding homes, orphanages, etc.

Research was started in the department. Relations were

contact entrated Subsequences enough citros . . . at-1-2101 the same in 1915 or 1916. Great to serviven to Girt at the constant en in. lungs brought in Olya reddingers, 1.0., a roquet Mr. J. in . confidence winds for something browness to compensate forms second amplitudified makes of two bolanes are some ode, at tiers which gards for children -- boarding bords, orphomens, ato.

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established with state, civic, philanthropic and child werfare organizations to cover such activities and other child care interests.

Already there was a great increase in OPD care.

1916. Students were assigned to the San Francisco Hospital for pediatric instruction. Twenty-one senior students, out of a possible sixty in the class, elected pediatrics. This probably reflected the great need for adequate instruction, not provided previously in the school curriculum.

Research studies in the care of congenital syphilis were instituted by Dr. Hans Lisser. Tuberculin therapy was started.

Special studies in mongolism and in the problems of the adolescent were started. Dr. Brousseau of Mills College was particularly interested in the former problem with Doctors Bridgeman and Morrow. The facilities of the Children's Hospital, San Francisco, were used probably for the first time in teaching and training of students and physicians connected with the University of California School of Medicine. A pediatric speech clinic was established with Mabel Gifford in charge. She had been adequately trained in the East and

. chesvolul erso billio wente bas as hiviles done waves or secites tready there are a great increased in UFD care. 1916. Students visco assisted to the Sen Students and Alex casible sixty in the clare, clocked busheles. This erobely refl condstituted by Ur. Dona Missey. The sportin Morroy was started. es started. In Trousages of Hills Wellers was protected to the

had a good deal of experience in applying her therapies. Lucas instituted his studies of the newborn, particularly anemias.

Lucas during World War I had a large task and performed meritoriously. This was the rehabilitation of child welfare in France and Belgium. He was Chief of the Children's Bureau, American Red Cross, and was in active service at various times between 1916 and 1919. During the former year he was given a leave of six months and he was again away from the University from July 1, 1917 to May 15. 1919. The department was left depleted of those who were subject to military service. Yet Rachel Ash, as acting chairman, carried on the development superbly, as Lucas acknowledged. Lucas' untiring efficiency was acknowledged by the French government in the award of "La Medaille de Vermeil des Epidemics," the highest medical decoration, and also by the "Chevalier de la Legion d'Honneur." His arduous labor was but a part of his service for child welfare. He made a health survey for Belgium for the Commission for Relief, of which he was a member, and was made "Chevalier de l'Ordre de la Couronne" by King Albert of Belgium.

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In 1917 there was great activity by Bridgeman and Morrow in their projects and teachings. It is interesting that three such childless persons, Lucas, Bridgman and Morrow, took such an interest in the proper psychological care of the problems of neglected children, adolescents and even of adults. Their activities were closely affiliated with sixty social welfare organizations in San Francisco and vicinity.

and this was prevalent through all the departments of the medical school. The new U.C. Hospital was opened in August of 1917. A street car strike prolonged arrival of patients at the clinic and thereby reduced the number for teaching purposes. The old medical school and its beds (there had only been about twelve such for children's care) obviously had insufficient teaching cases for sixty medical students. They and the medical profession needed pediatric teaching, especially for control of newborn and neonatal mortality and infectious diseases.

The financial generosity of Mrs. ? McLaughlin was a

a tenir orginera and tenedings, a light trade that the track the speciment and . SPERSE great help in furnishing the pediatric wards when they were opened.

This generosity continued for many years.

Many of the faculty of pediatrics as well as the students were away on military duty. This naturally weakened the care for children and the instruction therein also was very much curtailed.

difficulties. The pediatric wards were given over to the care of adults with influenza during October and November of 1918. Children with other diseases requiring hospitalization were admitted to the Children's Hospital; probably the Children's Hospital was overburdened. This also reduced the handicap on the local Board of Health (Dr. William H. Hassler, Director). The medical curriculum was abandoned at University of California Hospital until the epidemic was controlled which occurred probably during the first quarter of 1919.

1920. By Advisory Board action Robert Landley Porter joined the University of California faculty as a lecturer at the Children's Hospital.

Previously pediatric hospital service, both surgical and medical cases, was on wards D and H. Now the pediatric department

web help in undefender the padiousis when they are aroned. the latter and the instruction therein also was were und ourtal ad. the attace with od table chicking agentics ear . 2191 .bone Couries ve. com Indiano & teoretial unit vidualem; sleafapol e terribid . PIPI is metral sente ett putats ettelem principa date. dical cases, was an elected H. and H. For the mediate or department

hospital cases were put on H only and the surgical cases (administered by the surgical department) were put only in D ward; pediatric teachers could also use the surgical cases. Teaching fund restrictions then reduced the number of bed patients. A cardiac clinic was started in 1919 by Lucas, possibly helped by Bronson.

1921. The consideration on September 20, 1920 by the advisory board of a clinical professorship for R. L. Porter was postponed until the November meeting.

Postgraduate pediatric programs were started. Clain

Gelston, a staff member, installed a pediatric ward at Mt. Zie Hospital.

While this was not a part of University of California pediatric

department official activity, it shouws how other San Francisco hospitals

were beginning to look to the University Medical School for leadership

and advice.

William E. Carter joined the staff — the start of a long, successful and helpful career of department, O.P.D., university and, of late years after his retirement, of alumni services. Truly a wonderful person. He was put in charge of the O.P.D. upon assuming

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1921. The constrantion on westering 20, 1920 by the

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his department duty in 1921. Shortly after that he went to Europe for one year of pediatric study.

Special clinic equipment was financed by an auxiliary who also agreed to help by financial aid in the development of social service in the department.

Lucas' studies of the anemias progressed with some aid from Dr. Martha Jones. Several publications appeared.

William P. Lucas obtained from donations 25% of the department budget. These came from his friends and acquaintances — i.e., William H. Croker, a Regent, philanthropic groups, etc. It is suspected that Lucas himself donated some of his own modest income.

R. L. Porter was recommended for a clinical professorship;
H. M. Evans was the only dissenting voter.

1922. The State of California for the first time in pediatrics appropriated monies for hospitalizing patients for teaching and research. To date there were no other post graduate pediatric courses west of St. Louis. Research budded under the work of Hoobler and Jones. Occupational therapy for cardiacs was started by volunteers.

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for one year of peddetric surjust service in the department. ren Ar. Fartha dones. Feveral publications asponent. William P. Incar Stained from done to one 250 of the -- permetalarges has change and from his friends and acquaintances --.e., Milliam R. Oroker, a Merena, millwahronie grouns, etc. it s suspected that Iness himself Samted now of his own modest income. . . Porter was recommended for a official grafasamenta; . M. Evans was the only disagnting voter. 1922. The State of Walliamia for the direct and religion to store and rehard benthed deserted . it to deer married or

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Financial aid was given by Croker, Fleishhaker and James K. Moffitt, augmenting the inadequate state budget by \$8000. Such monies made it possible to compete with Harvard, Hopkins and Washington University in St. Louis! Worthwhile community activities continuously expanded.

1923. Pediatric O.P.D. visits were one thousand per month. Sunlamp therapy was started. This was particularly used for asthma and chest diseases.

Valuable teachers were Porter, Fleischner (who started his University of California faculty appointment in 1920 or 1921 and who then had been assigned to San Francisco Hospital pediatric service), Ash, Bridgman, Bronson, A. A. Meyers, Gelston and Dearing. Edward B. Shaw was appointed to the faculty in 1923. A special clinic for allergy was established in 1922-23. \$6000 for pediatric social work was given by the Community Chest.

1924. Another inovation was seminar teaching in pediatrics of fourth year students. The H. ward beds could be used only up to 50% capacity because of budgetary insufficiency!

1925. Karl Pelkan joined the faculty. The first student electing to fulfill the fifth year requirement for the M.D. degree

interest and was given by Trainer, Claimbaken and James K. Coffins, ebon ceiros donc. .0000 yd degout tida udupetant ddi yniderqu math. Suniago Misusio era storted. Shis ve a carcicularly mend for . engageth depole one andige the distance and the forte be -etter at satisfact veries new motorvoit middent .ast

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by special studies in pediatrics, did so. She was Maud Smith. She worked on infant feeding. A child guidance clinic, headed by Dr.

Jean Walker, was started. This special clinic possibly was the first of its kind in any American medical school. O.P.D. attendance was 14,847.

lator, and thereby successful in his plans. Francis Scott Smyth joined the staff in 1925 as one of two full-time instructors — a new policy. He was also appointed executive officer. There was better material for teaching. Also departments were allocated definite funds for bedding patients, though the total amount was not adequate for the growth of University of California School of Medicine. There were plans to establish soon a metabolic clinic.

1927. Alfred H. Washburn joined the staff in 1926; he left for his Denver appointment in the spring of 1930. The O.P.D. yearly attendance totalled 13,943, with 1,677 new patients.

1928. Research grants totalled \$13,000. N. Phatek,
a biochemist, was added to the staff, mainly for research activities.

especial studies in redistries, dit so, the was sun with. She worked on intent fewire. Shift stinated office, headed by Dr. san delice, was equited. This shoots of the possibly win the hind in sign sagions southest school. O.C.O. ettendamne is the delice.

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He left about 1936, going to the University of Oregon School of Medicine in the pharmacology department. The activities of Francis

Scott Smyth were recognized by Marriott, Professor and Head of

Pediatrics at Washington University in St. Louis, who asked for

Smyth's services for a year. Smyth was there for two years, 1928-30.

Washburn was appointed executive officer in charge of wards and

teaching during Smyth's absence. A. C. Bost joined the staff; he

was director of the clinic. O.P.D. visits totalled 15,427, including

1,880 new patients.

1929. William A. Reilly joined the faculty on July 1,

1929. He had been taking pediatric training at Northwestern (Dr.

Isaac A. Abt), Harvard (Massachusetts General Hospital, Dr. Fritz

B. Talbot) and at Columbia (Bellevue, Dr. Charles H. Smith). His

special interest was endocrinology, generated by Hans Lisser's

teaching and flowered by the prospect of biochemical and physiological

research therein. He therefore asked and was encouraged to start

an endocrine clinic — another pioneering effort in United States

pediatrics. There was only one other, at the Massachusetts General

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Hospital (F. B. Talbot). Total O.P.D. visits were 16,420, including 1,780 new patients.

The writer did not find any annual reports of the years 1930 to 1933, but he recalls the following. William C. Deamer started his full-time career in the pediatric faculty in July 1930. He was appointed instructor and executive officer. Lucas had engaged more in the private practice of pediatrics because of economic necessity and opened such an office in 1925 in downtown San Francisco. A. C. Bost joined him there in 1929. Smyth was elevated to full professor and chairman of the department. Deamer was still the executive officer. Lucas remained active as a clinical professor for years thereafter. He retired from practice due to illness in about 1945, living in semi-retirement in Carmel, California and died in Berkeley, California at the Faculty Club in 1960 or 1961. To his end he maintained a lively interest and enthusiasm for pediatrics and for all of his associates -- a true maestro. An enlarged new clinic building opened about 1933 and greatly relieved crowded conditions in the old medical school building, especially

Hospital (F. B. Talbot). Total O.P.D. visits were 16,420, including 1,780 new patients.

1930 to 1933, but he recalls the following. William C. Deamer .0881 ylul ni viluosi sinthe pediatric faculty in July 1930. bed asoul . resilto evitusexe bas rotsurteni betaioqqa asw ell San Francisco. A. C. Bost joined him there in 1929. Smyth was was still the executive officer. Incas remained active as a clinical professor for years thereafter. He retired from practice due to and died in Berkeley, California at the Faculty Club in 1960 or 1961. nA .oriseem euri a - seiscosses sid to lls rol bas scirisibeq -16- 54.

due to the greater number of O.P.D. patients because of the depression.

McKim Marriot, Professor and Chairman of Pediatrics, came to the

University of California as Dean of the Medical School. He was

active in the pediatric faculty, teaching and research. Unfortunately

he died within 1-1½ years of his arrival. Smyth's efforts probably

helped greatly in bringing to the University of California.

Annual reports were found for the period 1936 to 1946, each one covering two years and will be referred to by the year of its submission.

in 1929 was still causing widespread problems. An increase of budget for clinic and research also were greatly needed. Smyth as department head continued to develop the department with the aid of full timers Deamer, Christie and Reilly and the loyal generous help of many part-time teachers. The load of patients in the clinic and hospitals, particularly the San Francisco Hospital, took the time of all teachers, thereby limiting the development of research but not of teaching. Further developments in special clinics were in

due to the greater number of O.P.D. patients because of the depression.

McKim Marriot, Professor and Chairman of Pediatrics, came to the

University of California as Dean of the Medical School. He was

active in the pediatric faculty, teaching and research. Unfortunately

be died within 1-12 years of his arrival. Smyth's efforts probably

helped greatly in bringing to the University of California.

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the endocrine-metabolic clinic started in 1929 by Reilly, expansion of the cardiac clinic by Christie, of the allergy clinic by Smyth and Deamer, of the diabetes clinic (one of the first in the United States, started in 1925 by Smyth) by Smyth and Olney, and of the preventive (immunization) pediatrics clinic. Olney joined the staff in 1935 (especially for diabetes work) and Christie in 1930. In 1936 there was a mention of Christie going to Hopkins for public health studies and of rejoining the University of California in 1937. He went to Hopkins about 1937 or 1938, rose rapidly in American academic pediatrics becoming a member of the Society for Pediatric Research in 1936 and head of the pediatric department at Vanderbilt in 1942. He was the first of our products (Smyth's) to be so chosen. His studies of epidemiology of histoplasmosis, of growth by culture of this organism and his efforts in searching for a specific therapy brought him deserved renown. He was back at the University of California during 1939-40. He sends his students to the University of California for internship and residency training. Olney succeeded Christie in the cardiac clinic and helped institute and develop

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Teaching continued throughout the year. Women faculty members did "double" teaching and patient duty. Despite such increase of activity fifteen papers were published during the two years though research diminished. Deamer was appointed chairman of the department in 1944.

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for the San Francisco campus taxed all resources -- as always, human ones as well. There was a great increase in house staff. Foreign students came from many countries, especially South and Central America, Indonesia and Europe. Many of our graduates also sought training in other U.S. centers and other U.S. schools recommended that their graduates come here for University of California training. Efforts were made to expand and stabilize hematology clinic instituted about 1932 by Christie and to do the same for cardiac clinic (started in 1919, accelerated by Washburn in 1925, by Christie in 1932 and Olney in 1936). Reilly resumed his activities in endorcrine work (he started that clinic in 1929), well-continued during his absence (1942-46) by Deamer and Silver. A school wide laboratory for hormone assays was pushed by financial aid of several departments, particularly pediatrics and internal medicine (Haus Lissor). The new pediatric age included plans for cerebral palsy (George Schade and Peter Cohen), microbiology (Henry Kempe and Edward B. Shaw) and convalescent care. All of these projects had the personal attention of Smyth even while he actively carried the deanship. Not only did

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Smyth wished to and was permitted to resign the deanship in 1954, having started his building program of the department, school and San Francisco campus on its way. Also Smyth agreed to be Coordinator of the California-Indonesia project to be started at the University of Indonesia at Djakarta. The project was intended to modernize medical education in the new Republic of Indonesia, who requested the service from the United States State Department, specifically asking for University of California medical education. This international service may be the biggest accomplishment of Smyth's career. Reilly went in 1962 for two years service in Surabaja (Airlangga University) to be Chief of Party for the California project. The unstated features of Smyth's service to the pediatric

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Reilly had established a full-time pediatric department at the University of Arkansas from 1947 to 1951 being its first professor and first full-time head. Formerly pediatrics had been taught and administered mainly by internal medicine. Reilly returned to the University of California Pediatrics as clinical professor in 1951, becoming then as well the head of the radio-isotope service at the San Francisco Veterans Administration Hospital.

Younger faculty members were blossoming and developing attractively — Henry Silver in 1944 or 1945 in endocrinology and general pediatrics, who subsequently was wooed by Yale and thence went to Colorado with Henry Kempe; Donald Pickering in endocrinology and metabolism, beginning about 1950, who was wooed and won with a full professorship in pediatric research by Oregon in 1957; Henry Kempe (fostered partly by Shaw) in 1947, who made his mark in microbiology mainly at the University of California and who was drawn

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away in 1958 by the University of Colorado as their professor and head of pediatrics. Others were approached but would not leave the University of California and San Francisco. Also to be added to the recognition given to faculty members was the Mead, Johnson award given to Pickering in 1960 by the American Academy of Pediatrics for research on thyroid physiology in primates — deserved recognition of this young man for his work done mostly at the University of California during a seven or eight year period.

Great opportunities and facilities had been developed over the years since 1913 for these young faculty members, particularly by Lucas and Smyth. These "youngsters" made the most of their opportunities. They were well-trained, able and worked hard.

Mischa Grossman became a faculty member about 1952 after receiving a degree and pediatric training at the University of California and in New York. He is a great teacher, interested in and respected by students and staff alike. He will continue to be a great asset.

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Six professor-chairmen of departments in U.S. schools developed since 1928 is good evidence of the department's fertility for leadership in American pediatric education — not to mention again many first in special clinics, studies, published researches, education of practitioners, patient care, special honors, memberships in exclusive pediatric societies and myriads of public services.

In 1956 the Herbert C. Moffitt Hospital was opened, culminating much detailed planning for hospital pediatrics particularly by Smyth who was assisted by Deamer. An enlarged newborn ward and a general pediatric ward including surgical cases relieved the inadequacies of the old University of California Hospital.

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Alice Henry, Chief Nurse on the pediatric wards from about 1928 to 1956, merits special mention. Her great attributes included: personalized bedside nursing care of the highest order to sick infants and children; devoted service, particularly to Lucas and Smyth but also to the rest of the faculty and physicians; interest and valuable suggestions, when solicited, for teaching and research. She performed all the vows required of the followers of Florence Nightingale.

The last but certainly not the least person to be mentioned is Jessie Francis Bell, first and always foremost secretary from 1915 to retirement in 1950. The "hidden ghost writer" as Scotty and Elizabeth Smyth named her was always more useful than that, though the term describes one of her great services to pediatric education, research and administration. She was many things to all personnel. Miss Bell joined the department, I think, just shortly after finishing her education in English at Stanford University. For years she easily carried the responsibilities and activities of two secretaries and often gave the effect that she

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had four arms, for she appended myriads of notes to her dress and on desks and always finished these useful chores. Think of anything other than laying on of hands for patient care or handling of test tubes in research and Miss Bell probably did it — certainly Lucas' and Smyth's and Christie's effectiveness was due partly to Jessie Bell's advise and work.

The future history of the department augurs for a continuation of its youthful vigour, vision and leadership in the undeveloped pediatric fields. Pediatrics is general practise in children, among other definitions of it, and University of California pediatrics has truly done that.

Surabaja, Indonesia, November 8, 1962

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TABLE I

Chronological list of pediatric professors and chairmen as noted by title in faculty minutes and publications.

James Blake	1864 - ?1871	Professor of Obstetrics, Diseases of Women and Children	
R. Beverly Cole	1874 - ?1901 1878	Professor of Obstetrics; Diseases of Women and Children. Professor of Obstetrics and Diseases of Women	
H. H. Toland	1879	Professor of Obstetrics and Diseases of Women	
R. Beverly Cole	1880	Professor of Obstetrics and Gynecology	
Benjamin R. Swan	1884 - 1902	Professor of Diseases of Children	
William B. Lewitt	1902 - 1913	Professor of Pediatrics; Emeritus 1915.	
William Palmer Lucas	1913 - 1929 1913 - 1932	Professor of Pediatrics Chairman of Department of Pediatrics	
Francis Scott Smyth	1932 - 1945	Professor and Chairman, Department of Pediatrics	
William C. Deamer	1945 - 1958	Professor and Chairman, Department of Pediatrics	
Edward B. Shaw	1958 -	Professor and Chairman, Department of Pediatrics	

Until about Swan's tenure (1884-1902) the Professor of Obstetrics and Diseases of Women was also probably Professor of Diseases of Children even though it was not stated. Note that Cole and Toland were listed in faculty minutes only as Professor of Diseases of Women and of Obstetrics. both in 1878 and 1880. Cole possibly was the only Professor of Diseases of Children as stated in his first listing 1874-?1901. Diseases of children were taught by the Department of Internal Medicine between 1902 and 1902 and 1913 when a separate Department of Pediatrics was first established.

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Francis Scott Smyth	1932 - 1945	Professor and Chairman, Department of Pediatrics
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Front Row - left to right:

Atkinson Lucas Carter Kiyasu

Upper Row

Dearing Piper

Ball Bloom Ring Stafford Hoobler

about 1929



Pediatric Staff 1931

A. Varden

M. Shallings

E. wolff

W. C. Deamer

H. Pryor

W. A. Reilly

F. S. Smyth

W. P. Lucas

N. Photek

R. Wemin

T. Cornwalf

P. Michaels

H. Long R. Cole.

Henderson

House and Clinical Staffs of 1962 - Pediatric Department



- 1. Phibbs
- 2. Sussman
- 3. Sproul
- 4. Gofman

- 5. Simpson 6. Frazier 7. Leavitt
- 8. Erickson
- 9. Castillo
- 10. Shuler
- 11. York
- 12. Rubenstein
- 13. Hutchings
- 14. Shaw 15. Kenyon
- 16. Biedermann
- 17. Mamunes 18. Sack

- 19. Piel
- 20. Eanes
- 21. Buckman
- 22. Develing
- 23. Covington
- 24. Van Compernolle 25. Goldkamp 26. Olney

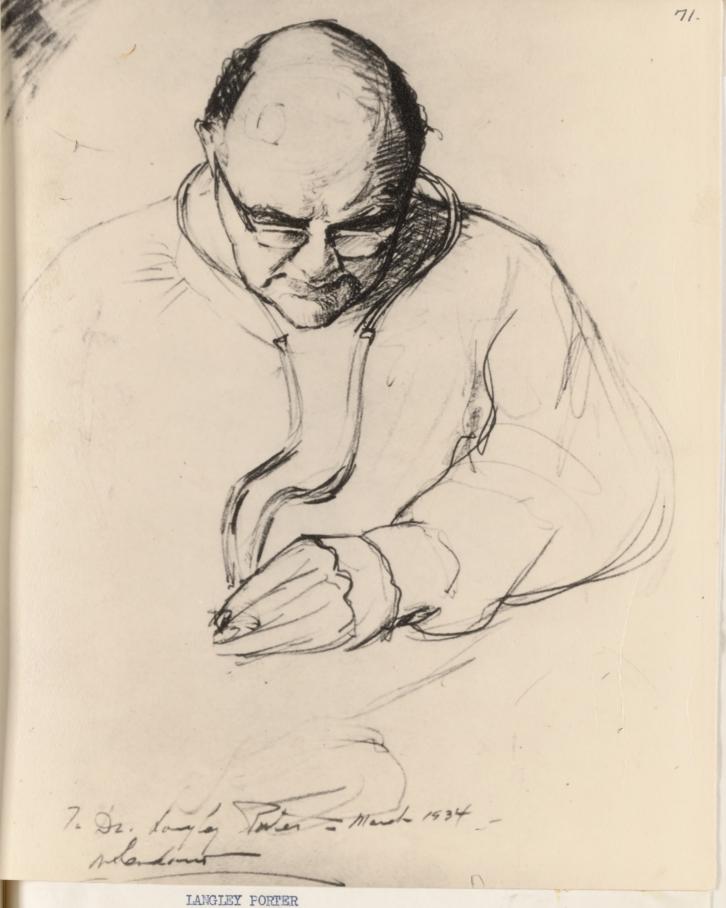
- 27. Roe
- 28. Grossman
- 29. Fong
- 30. Cohen

- 31. Reilly 32. Low 33. Smyth 334. Miller
- 35. Belsey
- 36. Eisner

1962



William Palmer Lucas



Artist Sandona



Edward B. Show-

PROCTOR JONES MOTION PICTURES
3636 CLAY STREET
SAN FRANCISCO 12 CALIFORNIA

Edward B Shaw-



William la Deamer





Francis Scott Smith (about 1940)

DEPARTMENT OF PHYSIOLOGY

TRACTOR OF SHYSTOTORY

DEPART

The year 1963 marks the 60th year of the existence of a Department of Physiology as an independent entity at the University of California School of Medicine. Upon completion of the then new medical school building in the latter part of the last century (now the old medical school building, which will be demolished upon completion of the present construction program), Dean D'Ancona gave the instruction in physiology but was dissatisfied that there were no individual departments of Anatomy, Physiology or Pathology. In 1899 Dean D'Ancona wrote to the president of the University as follows: "It is absolutely essential to abandon the custom of giving these scientific chairs to men actively engaged in the practice of medicine. These departments must be rated as pure sciences, and in them as in the Departments of Physics, Chemistry and Biology, the cornerstone is research". In 1902 definite steps were taken to carry out Dean D'Ancona's recommendation, and January 23 of 1903 saw a welcoming dinner for Dr. Jacques Loeb, the first chairman of a separate Department of Physiology at the University of California. Dr. Loeb established his research laboratories on the Berkeley campus of the University, but members of his department continued to give instruction for medical students in San Francisco at the new medical school build-



Dr. William Francis Ganong and Mrs. Lea Tripodi prepare to section the brain of an experimental animal. In the background appear the boxes containing the very large collection of serial sections of hypothalami used in Dr. Ganong's extensive experiments in neuroendocrinology.

COMMENCEMENT

Commencement exercises were held on June 1 at UC Medical Center. Degrees and certificates were awarded to 547 students for completion of programs in the Schools of Medicine, Dentistry, Pharmacy and Nursing, and the Graduate Division of the San Francisco campus; 96 graduated from the School of Medicine.

Chancellor Franklin D. Murphy of UCLA spoke on "Educational and Cultural Affairs: a Fourth and New Dimension in Foreign Policy". Chancellor Murphy (a physician and professor of medical history at UCLA) is a member of the national advisory committee to the Peace Corps and the State Department advisory committee on educational exchange.

Dr. J. B. deC. M. Saunders, Provost of the San Francisco Medical Center, presided and addressed the graduates. He conferred honorary Doctor of Laws degrees on Dr. LeRoy C. Abbott, professor of orthopaedic surgery, emeritus, and chairman of that department from 1930-57; and on Dr. Jacob C. Geiger, renowned public health leader and clinical professor of epidemiology, emeritus.

Ralph Heath, candidate for the Doctor of Dental Surgery degree and vice president of the Associated Students, spoke for the graduates.

The invocation was given by the Rev. Harry B. Scholefield, minister of the First Unitarian Church of San Francisco; the benediction, by the Rt. Rev. Richard Millard, Suffragan Bishop of the Episcopal Diocese of California.

Honors to two senior faculty members Two distinguished faculty members who will reach emeritus status on July 1 were honored at Commencement: Dr. David M. Greenberg, professor of biochemistry and department chairman; and Dr. Francis Scott Smyth, professor of pediatrics and coordinator of the medical school's longterm collaboration with Indonesian universities to improve their medical programs. Dr. Greenberg will continue his investigations and work with graduate students in laboratories of the Cancer Research Institute. Dr. Smyth has been recalled to active service for the coming academic year, and will continue as coordinator of UC's cooperative program with the Airlangga University medical school at Surabaya.

Degrees and Certificates

Doctor of Philosophy 23
Doctor of Medicine 96
Doctor of Dental Surgery 89
Doctor of Pharmacy 72
Master of Science 60
Master of Arts 8
Master of Dental Surgery 1
Bachelor of Science—57 in nursing;

Bachelor of Science—57 in nursing; 22 in dentistry (dental hygiene program); 55 in medical sciences (completion of baccalaureate program during the first year of medical school); 19 in physical therapy; 1 in pharmacy.

Certificates of Completion: curriculum in exfoliative cytology, 9; medical technology, 8; physical therapy, 27.

YOULGATHS TO THE TOASED

Supplement to D'Olmsteads article Volt SUMMER 1963 DEPARTMENT OF PHYSIOLOGY TRADITION

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LIE BENNETT ing. Following the earthquake and fire of 1906, instruction in physiology and in other preclinical departments for first year medical students was transferred to the Berkeley campus of the University.

In 1958 those functions of these departments which related to the School of Medicine moved back to the San Francisco campus into the new medical sciences wing, which was opened July 1st of 1958. The Department of Physiology moved into this area occupying the seventh, eighth



Graduate student Miss Sarah Gray freezes a muscle in a relaxed state by pouring over it liquid propane at a -180° C. This is an application of the quick freezing technique developed by Dr. Staub which is used to study the micro-circulation.

and part of the ninth floor, a total of approximately 12,000 square feet. Teaching with research as the cornerstone continues to be its prime function, and the members of the staff who carry out these functions are:

Dr. Leslie L. Bennett, Ph.D. 1937, M.D. 1940, Professor of Physiology and Chairman of the Department of Physiology. Dr. Bennett's professional and academic training has been entirely at the University of California.

Dr. Julius H. Comroe, Jr., M.D. 1934, Professor of Physiology and Director of the Cardiovascular Research Institute, University of California. Dr. Comroe's M.D. is from the University of Pennsylvania, and he had a long and distinguished career at the Postgraduate Medical School of the University of Pennsylvania before he joined the University of California faculty.

Dr. Isidore Edelman, M.D. 1944, Professor of Medicine and Physiology. Dr. Edelman received his M.D. degree from the University of Indiana. His primary academic responsibilities are to the Department of Medicine.

Dr. Benjamin Libet, Ph.D. 1939, University of Chicago. Dr. Libet taught at the University of Pennsylvania and the University of Chicago, and then participated in research carried out in the Biomechanics Laboratory in San Francisco before coming full time with the Department of Physiology.

Dr. Kenneth T. Brown, Ph.D. 1951. University of Chicago. Dr. Brown is Associate Professor of Physiology and took his Ph.D. degree at the University of Chicago in physiological psychology under the sponsorship of Professor Austin Riessen.

Dr. William F. Ganong, M.D. 1949, Harvard University. Dr. Ganong is Associate Professor of Physiology and before coming to the University of California was associated with Dr. David Hume and Dr. Francis Moore in the Surgical Research Laboratories at Harvard Medical School.

Dr. Ralph H. Kellogg, M.D. 1943. Ph.D. 1953, Associate Professor of Physiology. Dr. Kellogg received the M.D. degree from the University of Rochester and after a tour of duty in the Navy, received the Ph.D. degree in physiology at Harvard University, working under Professor Eugene Landis.

Dr. D. Jean Botts, Ph.D. 1951, University of Chicago, Associate Professor of Physiology in Residence. Dr. Botts came to the University of California from Dartmouth where she had been in the Department of Biochemistry.

Dr. James Felts, Ph.D. 1955, Associate Professor of Physiology in Residence. Dr. Felts received his training in physiology in the Department of Physiology on the Berkeley campus and is the only member of the



Dr. Chichibu in a shielded room prepares to record from single cells in an autonomic ganglia.

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School of Medicine are: T. Timothy Crocker, Vincer Di Lamordo, Samuel Kinura, Villas Veirith, and James Metrill. department whose predoctoral also occurred in the Department Physiology of this university.

Dr. Norman C. Staub, M.D. New York State College of M at Syracuse, Assistant Profe Physiology. Dr. Staub is also ated with the Cardiovascular Relation.



Medical students Calvin Chang Hansen, and Rosario Di Bernard their first experience in taking pressure on human subjects. This of a regularly scheduled classed designed to introduce medical stothe technique of taking bloosures, to some of the physiologic ables which control blood presman, and to the question of bic variation in and reliability measurements.

Dr. Alfred Strickholm, Ph.D. University of Chicago, Assistar fessor of Physiology. Dr. Stric joined the faculty of the Univ of California following a postde fellowship at Uppsala, Sweden, he spent a year after receivi Ph.D. degree at the Univers Chicago.

The research activities staff of the Department of Phys fall into four major categories.

Endocrinology, Neuroendo ogy and Metabolism. The fa members whose research fits in category are Doctors Ganong, B and Felts. Dr. Ganong has bee ticularly active in what is u referred to as "neuroendocrino namely, hypothalamic control docrine and metabolic function is recognized throughout the wo one of the authorities in this fi research. During the last two or years he has been studying the trol of aldosterone secretion ar been in the forefront of those d strating that the renin-angio system is an important mech

(Continued from Page 5)

in the Department of Physiology by Doctors Benjamin Libet and Kenneth Brown. Dr. Libet's present problems are a project in collaboration with the Neurosurgical Unit at Mt. Zion Hospital, which involves direct stimulation of the sensory cortex in conscious human subjects, and a project done in collaboration with Dr. Chichibu on synaptic transmission in autonomic ganglia. Dr. Kenneth Brown has developed on the San Francisco campus a well-known laboratory devoted to the electrophysiology of the mammalian retina. He has succeeded in recording receptor potentials from the unopened mammalian eye and at the moment is prosecuting this important break-through with two collaborators, Dr. Geoffrey Arden, Senior Lecturer, Institute of Ophthalmology in London, and Dr. Motohiko Murakami, Lecturer in Physiology of Keio University in Tokyo, Japan.

General Physiology and Biophysical Phenomena. Members of the department whose research activities fall in this field are Doctors Alfred Strickholm, Jean Botts and Isidore



Medical students Carolyn Greenberg, Lawrence Gershon, Paul Fox and Martin Greenberg prepare to record the electroencephalogram on their fellow medical student Alvin Goldberg. This again is an exercise in which all students participate and in which they observe the electroencephalogram and the standing potentials developed by the eyes, and in which they make observations of the psychogalvanic reflex as influenced by psychological factors.

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department whose predoctoral training also occurred in the Department of Physiology of this university.

Dr. Norman C. Staub, M.D. 1953, New York State College of Medicine at Syracuse, Assistant Professor of Physiology. Dr. Staub is also associated with the Cardiovascular Research Institute.



Medical students Calvin Chang, Galen Hansen, and Rosario Di Bernardo have their first experience in taking blood pressure on human subjects. This is part of a regularly scheduled class exercise designed to introduce medical students to the technique of taking blood pressures, to some of the physiological variables which control blood pressure in man, and to the question of biological variation in and reliability of such measurements.

Dr. Alfred Strickholm, Ph.D. 1960, University of Chicago, Assistant Professor of Physiology. Dr. Strickholm joined the faculty of the University of California following a postdoctoral fellowship at Uppsala, Sweden, where he spent a year after receiving his Ph.D. degree at the University of Chicago.

The research activities of the staff of the Department of Physiology fall into four major categories.

Endocrinology, Neuroendocrinology and Metabolism. The faculty members whose research fits into this category are Doctors Ganong, Bennett and Felts. Dr. Ganong has been particularly active in what is usually referred to as "neuroendocrinology", namely, hypothalamic control of endocrine and metabolic functions. He is recognized throughout the world as one of the authorities in this field of research. During the last two or three years he has been studying the control of aldosterone secretion and has been in the forefront of those demonstrating that the renin-angiotensin system is an important mechanism

controlling the secretion of aldosterone in certain physiological circumstances. Dr. Ganong is beginning to prepare a review of the control of aldosterone secretion and has just completed a textbook of physiology which will be published by Lange Medical Publications. Dr. Bennett has had a long interest in metabolic effects of anterior hypophyseal hormones, particularly as related to the disturbed metabolism of diabetes mellitus. At present Dr. Bennett is in active collaboration with Dr. Gerold Grodsky of the Department of Biochemistry in a study of factors controlling insulin secretion by the isolated perfused pancreas. The assay for insulin production is a specific immunochemical one, and it is possible to study in an isolated system factors which control the synthesis and release of insulin without fear of the pitfalls of bioassay or degradation of insulin by liver. The first major paper resulting from this collaboration has recently been accepted for publication by the American Journal of Physiology. Dr. James Felts, the third faculty member whose work falls in this area, is actively studying the release, mobilization and utilization of free fatty acids, particularly the use of free fatty acids as an energy source by the heart. In one sense his work then overlaps with the next major field of research to be described, cardiovascular-pulmonary physiology.

Cardiovascular - pulmonary - renal physiology. The members of the department whose work directly relates to these fields are Dr. Julius Comroe, Dr. Norman Staub and Dr. Ralph Kel-



A group of medical students have their first experience handling living tissues as they dissect the heart of an anesthetized turtle. This is a student exercise designed to measure cardiac performance as inflow load and outflow load are varied. In departmental jargon this is sometimes referred to as the "poor man's heart-lung preparation."

logg. The Cardiovascular Research Institute under the directorship of Dr. Julius Comroe, has on its staff some members of the Department of Physiology whose research is in the field of cardiovascular-pulmonary physiology. Dr. Comroe's past accomplishments are well known, and he currently has students and trainees



Closed circuit television is here used as an image amplifier in demonstrating a physiological experiment. The monitoring screens are visible in the front of the room on the right and left sides. Through these and with appropriate lenses on the television camera, each student may have a close view of the preparations being demonstrated.

working with him on many problems relating to cardiovascular and pulmonary function. Dr. Norman Staub has devised a quick-freezing procedure for demonstration of the microcirculation in the lung. This procedure has attracted a great deal of attention and in a sense is a unique way of observing the circulation as it exists in a living tissue, specifically showing the relation of pulmonary microcirculation to the air filled alveoli. Presently he is actively exploring the extent to which this technique is applicable to other organs, i.e. striated muscle. Dr. Ralph Kellogg, currently on sabbatical leave working in the laboratory of Dr. Jere Mead at the Harvard School of Public Health, is an authority on the mechanism of the control of respiration during acclimatization to high altitude. He spends most of his summers at the White Mountain High Altitude Research Station and soon will be returning to California to spend the summer of 1963 there. He also is recognized for his work on the mechanism of osmotic diuresis, and two students who have taken their Ph.D. with him are now in junior faculty positions at eastern medical schools.

Neurophysiology. Strictly neurophysiological research is carried out

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Tracking in the lies. Under general investigation in physiology to undergraduate students excelled for processional degrees in the School of Medicine, the School of Deutistry the School of Pharmacy, and the curticulum for desail by sienters. The department disc has an approved paderate program leading to the Marmacy, and che curticulum for desail by sienters. The degree and to the Ph.D. degree in the training of pharmacy, he addition the department processing of the training of the pharmacy students in th

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with the Veterans Administration, one is in medical school as a second year student, and one is in a postdoctoral training position. The record of the department in training graduate students while it was on the Berkeley campus is a long and distinguished one, and its graduates are to be found in positions of importance and responsibility from one coast to the other.

As described in previous issues of the Alumni-Faculty Association Bulletin, there will soon be rising on the San Francisco campus the east and west towers of the new Health Sciences Instruction and Research building. The Department of Physiology will have additional teaching and research space in these new facilities. At the moment the department is actively planning how to utilize best these facilities for both teaching and research, recognizing that additional faculty members must be recruited to handle the increase in medical class size. The department will continue to attempt to keep abreast of current developments in teaching and research in medical physiology. In recruiting new staff the department will probably make some combination of choices among the alternatives of strengthening its staff in the area of neurophysiology with special reference to the physiology of the learning process, adding to its staff in the field of cellular physiology and biophysical phenomena, or obtaining a nucleus of a group of faculty interested in gastrointestinal physiology. It is also imperative that the department increase its capacity to train graduate students. During the last year, 1962-1963, approximately five times as many inquiries have been received from qualified graduates of colleges and universities wishing to pursue graduate work in physiology as were received in 1958-1959. It is inevitable that the number of applicants for graduate work in physiology will continue to climb over the next ten years as it has over the past five and that the department must be equipped to handle as efficiently as possible this large number of prospective students.

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A SABBATICAL YEAR

Norman J. Sweet

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have long threatened to write a "round robin" letter for any of my friends who must be interested. Now that the pressure of my work is letting up; now that I me longer numbed with cold; and now that we are all thrilled with the imminent wespect of return, I'm finally able to carry out the threat. Had planned to put i on tape but was afraid there might be some difficulty in transcribing. (SB: spuse's Bit) - an ex-secretary for a wife helps!)

thusiasm were the weather and London landlords. Winter began in October and med about the first of June. There was no Spring. (SB: We sure as heck had after not take a tea-break either - we might miss SUMMER!) There were four ajor periods of snowfall. We were thrilled with the first. With the fourth I as ready to go into hibernation and wait for summer's friendly caress. Ben Ros are said that one is never completely warm in the British Isles. This was a riminal understatement.

this country, in the winter, the daily morning hot bath is not solely a hygienic leave. It is really the only time in a 24 hour period that one can feel toasty am for 42 minutes. The water is cold at the end of that time. Any necessary we went about the house during the middle of the night at temperatures of 18-20° F. I fraught with danger. There is always the risk of being found in the morning then into the immobility of a "Winged Victory".

Ing strangers, we rented our house at the usual exorbitant London rental just fore the winter set in. It was the best of a bad lot. By local standards, it a nice comfortable place. When the "monsoon" came, the story was different.

**Be people just don't know how to build houses. The cold and damp crept in rough innumerable wind tunnels. I spent two weeks weather stripping the place.

**Be hinges are cut on a bias so that the doors swing shut automatically. The idea to keep one or two rooms warm and to confine the freezing blast to the others.

at was provided by electric heaters, gas heaters, a pot-bellied coal stove (which is the hot water source), and by two kerosene burners. I shovelled 2½ tons of coal burned 90 gallons of kerosene during the season. If St. Peter overheard my consistions with the coal stoves every morning at ? a.m., I am certain I shall be sided entry.

bl-lined shoes, 2 pairs of socks, heavy undershirts, sweater, heavy suits, woolned gloves, and a heavy overcost — all made me feel like a sluggish knight in
nour. Hy feet were never completely warm. It was this type of weather and cloththat limited our capacity to see the sights of London or to take many week-end

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his winter, the Londoners tell us, was an UNUSUAL one! Maybe so. But I completely and over all my rights, tenures, bus and tube tickets to those wonderful Anglophiles, he Sokolow's! I pray that they have an unusually mild go. There is no doubt but this country with fine weather is beautiful but believe you me, every passing north makes San Francisco seem "whiter and whiter".

The cost of living in London, at least for one year transients, is higher than that of San Francisco. There are the few exceptions such as public transportation, the gent haircuts, and the inexpensive theatres. Housing plus utilities alone cost about \$300.00 per month. With experience one finds ways and means of cutting costs. But in the first few months those pounds and shillings seemed to melt away a frightening rate. In fact, we were afraid that we might have to call it quite y last January but with the blessed aid of one of the foundations plus belt-pinching, a got over the hump.

h spite of some of these difficulties we have derived much pleasure and sense of stoplishment during our stay. We made many friends. The staff at the National bart Hospital and at Hammersmith were most gracious. I had the key to any hospital a london and this experience alone was worth the year. There is an amazing colection of outstanding hospitals and great men in medicine gathered in one city. I blayed my visiting until the last 3-4 months. My activities were almost entirely matered at the Haart Hospital until I felt that I had a real grasp of my objectives.

came here to concentrate entirely on the applied physiology of the heart with an towards teaching, bedside cardiology, and vistas for clinical research. Most of time was spent with Dr. Paul Wood whose hallmark is the physiologic basis for bedde cardiology. He is fundamentally an outstanding clinician with a profound curimity, a brilliant constantly active mind, and a professional knowledge of physiology. is the master of "The Natural Experiment" which is the term he applies to clinical mearch. He very generously showed me his approach to the collection of important m potentially important clinical and physiologic data which compose the source merial for his contributions and his book. It is really quite simple though promional statisticians might howl. But the results speak for themselves. He is mstantly proposing hypotheses which may shed some light on unanswered problems. truly starts thinking where everyone else stops and does so with devestating ssistance. During the year, I had the privilege of spending 3 days a week with Contrary to stories I have heard of him in the past, he is a very kind and oughtful gentleman with a wonderful sense of humour. I shall never forget him I the stimulating effect he had on me. It is almost unbelievable that Faul Wood Menly died on 13 July of a coronary occlusion. Most people are dispensable. wis the only person I have ever known who is irreplaceable. He was at the with of his career. New concepts were pouring out in a torrent. The new edition his book was to have gone to the publishers this month. I pray that it will not allowed to pass away with him because much of the old edition is outdated in this oldly advancing field.

remainder of my time was spent in the laboratories on the wards, in the outment clinics, in the library, and in seeing other London "greats" in action. The are only 16 beds in the whole National Heart Hospital. But every patient reference We tried one week-end in Cambridge but its besuty was totally obscured to do do gray sides and mist. Since June we have had more of an opportunity to do set the tries and quickly found we could forget the unpleasantness of the past in the classic of the present.

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and medi of the A land, Fr wre rig whool t presents fascinating and difficult problems. The clinico-physiologic study of each stient is as complete as modern thinking and methodology will permit. The emphasis, mever, is improvement of the clinical bedside approach. The new hospital, nearing empletion, will accommodate 80 patients.

spent 2 hours a week with Peter Kerley. He is a delightful and brilliant radiologist. ment 2 to 3 hours per week with Reginald Hudson, cardisc pathologist, who is one of most clear and direct thinking men I know. He helped me in my concepts of the thology of congenital and valvular heart disease and the embryology and anatomy of e heart. His book on cardiac pathology will be out next year and should be a classic. pley's second edition of Cardiac Radiology is just out and worth serious review. ween has developed a format for a museum of cardiac pathology which is one of the at I have ever seen. I am bringing the plans home hoping to interest our Pathology partment. Hudson photographs all his own specimens with a homemade stereo device. understand cardiac anatomy and pathology in terms of function, one must think in ree dimensions. Stereo photography for teaching in this field is a must. In fact, ere is not yet available an ideal heart model which is anatomically correct and which loss three dimensional conception. This would be a worthwhile effort for someone dlied along these lines. I have spent many hours watching surgical procedures on e heart. This was most instructive in terms of dimensional anatomy and cardiac metion. The most beautiful setup is that at Hammersmith, presided over by Dennis drose. In a room separated from the theatre by a huge glass panel are a mass of struments plus a large television screen and communications system. The finest tails of the procedure can be seen on the screen. The surgeon wears a microphone. Il the physiologic data available to the surgeon is continuously recorded on the lectronic apparatus in the viewing room. Expensive, yes - but also most valuable d instructive. We should have this type of setup.

the Outpatient Department is unique, but Scholow and McIlroy have probably described to often enough. As far as I was concerned, the idea was good but the actual function and teaching benefit limited. Only cardiac patients referred to one of the ? consultants are seen. Paul Wood, Leatham, Brigden, McDonald, Hayward, Bedford, and Emmanuel, such have a half day. I attended all of Wood's clinics, most of Leatham's, Brigden's and McDonald's up to a point. Unfortunately, there are large numbers of postgraduate students present from all over the world. The language difficulty is a major problem. I found that when there are 4 stethoscopes on a patient at one time, plus 10 others witing, the situation is hopeless. The use of a Cambridge multiple auditory apparatus did not really help. With the exception of Wood's show, I finally gave this up as

first I attended many of the lectures given for the postgraduates, to learn and to the viewpoint of the lecturers. After 2 months I gave this up except for selected decussions - especially panel discussions which were superb when either Brigden or both were in the Chair. Brigden ranked second only to Wood in the over-all. He is a both to Wood in provocativeness.

cultivated the postgrads with the idea of exchanging ideas re medicine in general medical teaching in particular. To a man they admired the disciplined approach the American schools. Major changes in curriculum are going on in Italy, Switzer-Ind, France, Australia, South America, etc., in terms of less freedom of choice and we rigid scheduling of activities for students. I have asked how each country and the tries to develop independently thinking students. The reply was almost unanimals that only a rare student is mature enough to forage for himself - that the

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dependence of thought begins and develops in the internship and years of resident mining. I agree. I much prefer our system of medical teaching to that of the glish. Although both systems are roughly similar, our approach is tighter and more alproof. It is English policy to avoid so-called "spoon feeding" of students. ter observing and listening I think the real reason for this policy is lack of fficient full-time responsible teaching faculty to do the job. The reasons for is are almost certainly financial. Students compete with each other for the wices (firms) with the best residents rather than with the best faculty. This titude is important in our own setup and warrants nurturing. But so much for aching.

e research interests of various people may be of interest to some who read this tome.

NOD. Paul:

- 1. Has completed his long-term study of the life history of ventricular septal defect and atrial septal defect. The latter appeared in summary form in a man entitled, Congenital Heart Disease, edited by D. R. Morse, M.D., 1962, pubmed in the USA; F. A. Davis Company. The data in re V.S.D. may never be published.
 - 2. Mechanism of the diuresis that accompanies paroxysmal auricular fibrillation and tachycardia.
 - 3. Physiological study of sinus arrhythmia.
- 4. The probable valvar origin of atrial gallop, pulmonary ejection clicks, and the third heart sound. This is one of the fields of interest which is exmely interesting to me and which I plan to carry on when I return. This hypothesis Dr. Wood's opens up a new field in auscultation and a new understanding of atricstricular events in health and disease.
- 5. Continuation of long-term study on the use of anticoagulants in ischaemic heart disease in association with the Medical Research Council. Wood is winced of the life saving value of anticoagulants in subacute coronary insufficiency. re myocardial infarctions

Believers: Paul Wood Lawson McDonald R. Emmanual

Non-Believera:

W. Brigden G. Hayward E. Bedford

McMichael

Mugrump: Leatham

time old story)

DEN. Wallace:

Carrying out a very interesting study in re the demonstration of autoimmune antiis in the cardiomyopathies with particular reference to "alcoholic" heart disease. of the initial findings are of potentially great significance.

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Now has 50 poor risk patients suffering with crippling angina pectoris on whom simple bilateral cervical sympathectomies have been done at St. Barts Hospital. He dains that a significant number of patients have had striking relief for periods of spectrocardiograms. There were two postoperative deaths. Standardized exercise destrocardiograms show significant improvement. Associated cardiac output studies of real interest. Has used the same procedure with striking success in patients with intractable recurrent paroxysmal auricular tachycardia. This work is still in the interesting stage - not conclusive.

MIONALD. Lawson:

Continues his investigations in re the action of heparin on blood coagulation of thrombosis in ischaemic heart disease. He is extending his studies to investigate probable of coronary clotting.

MISON. Reginald:

Supplementing his studies of the atructure of the A-V node in normals and in prients with auricular fibrillation with a study of the Bundle of Hiss and its main banches. I have spent some time with him looking at serial sections of normal hearts, and of diseased hearts in which conduction abnormalities were present. He demonstrates the frequency with which hemorrhage can occur in the conduction system - in one instance following attempted resuscitation by external compression.

From the pathologists standpoint he is dubious whether the absence or presence of mormal fat content in the blood has anything to do with the essential mechanism for the development of atherosclerosis.

Again, look for his book on the Pathology of Heart Disease in 1963.

MIHAM, Aubreys

At. St. Georgea Hospital is carrying out studies with coronary angiography and the internal pacemakers. The latter is the most imaginative. Though this group leads the field in London, internal pacemaking is still a difficult, awkward, and messy affair the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are buried under the skin. The batteries are charged periodically by the pacemakers are

At the Middlesex Hospital, Patterson, the radiologist, produces cardiac angiograms and sortagrams which are works of art. His angiograms taught me a great deal about the matemy of the heart. Walter Somerville and Evan Bedford, Middlesex cardiologists, and blues-Sellors, the cardiac surgeons, were most impressive.

Weiclogic principles. There are nearly 20 catheter units in the city together with acilities for doing all the necessary radiologic and other ancillary studies. The tesm for this is the amazing amount of first-class cardiac surgery going on. Although the expense is great the National Health Service recognizes the benefits and is willing apport these units.

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Hul Wood was very optimistic about the future of cardiac surgery. He felt that the poblems involved in acrtic and mitral valve surgery would make rapid strides in the mar future. However, Sir Russell Brock, Donald Ross, Holmes-Sellors, Cleland are all rather pessimistic about the conquest of acrtic and mitral regurgitation in the mar future. One of the favourite pastimes of the surgeons is to run off to various dinics in the U.S., Canada, and Sweden and excitedly return with a pocketful of new waves; the above-mentioned group think for themselves.

lattended a 2 day conference on cardiac surgery at Hammersmith recently. It was atended by the outstanding surgeons of England, France, Germany, and Switzerland. Are also the over-all picture of correction of regurgitant valves was gloomy. The esults in Fallot's were not too encouraging. Of interest was the fact that half of me morning was spent in an attempt to clearly define Fallot's - with Paul Wood in the Chair. There was no over-all agreement. The Glenn-Robitschek operation is spidly gaining favour for infants at the Great Ormond Street Hospital.

he of the most impressive people in London is Bonham-Carter, the pediatric cardiohgist at the Great Ormond Street Children's Hospital. When I first saw him he
boked like a destitute fiddler out of a job. I heard him conduct a 3 hour review
of the results of the cardiac surgery done at his hospital since 1949. He was
supposite in his dissertation. They started from scratch. Their results and their
contributions to the field were most stimulating. It would be worthwhile having
beham-Carter visit San Francisco for the annual cardiac symposium - or for a longer
priod, if possible.

hall, my professional experience here this year has been extremely worthwhile. I hall return not as an expert in the field, but I do have a concept or depth of focus, I you will, which I could not have acquired in any other way. In addition, I have he time to think and to clear my head of the million and one trivia and misconceptions hat accumulate with constant burdensome daily routine. I hope I shall be able to evelope and to master some of the new ideas I have picked up, and above all, to matter the happy enthusiasm which came along with it.

hagust of '61, when all of England closes down for a holiday, we drove 2,000 miles brough the Scandinavian countries. (SB: Outstanding bit of knowledge our children liked up - "varm korv" (hot dogs!). In April we chased the sun through So. France of Italy by car (SB: That isn't all we chased - we brought our kids THOUSANDS of the sto see History - so in Pompeii what interested them the most?? - chasing lazards among the ruins!) Italy was especially exciting to me - the greatest thrill the food. I could write another tome on our numerous humourous experiences of serious impressions in trying to see the world quickly and inexpensively. It is still be done but takes a lot of planning. Our children were marvelous travelers they are now completely satisted with castles, cathedrals, monuments, old ruins. May have been utterly happy with their English schooling, teachers and "mates".

May adjusted quickly to terminology, way of living, habits, and ended their school with excellent grades. We must confess, however, that we are returning with one stimitely British child - Loryn.

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My 14 more days to go - and those days cannot pass quickly enough. Our motte, more is a fascinating museum, but who wants to live in a museum.

See you shortly,

Norman Sweet

Harmony picked the winner. She bet on "Larkspur" because of the town in an County. All the favourites got tangled up and lost their jockeys. but amony's donkey made the grade. It was her first horse race and she was estatic am she received 5 gns. in exchange for her 5 shilling ticket!

M8 8/6/62

October 24, 1962

William Carter, M.D. Alumnus Office Millberry Union

Dear Bill:

I love you and admire you, and deeply appreciate all that you are doing in keeping up the historical log of the Medical School.

I wish I could say that I would sit down and dictate my memories of the development of the San Francisco General Hospital over the period of the last ten years. However, this would be quite a task and I could not undertake this at present. Fundamentally, I would love to be able to do it because I think it is a story which deserves telling. If it is ever possible for me to get out from under the load I have to carry, this will be number one on my "must" list.

Thank you for thinking of me for this task. Please do not stop thinking of this possibility.

Sincerely yours.

Noun

Norman J. Sweet, M.D. Associate Professor of Medicine Executive Officer, Medical Services

NJS:ims

That's too bad; but sherb brace is souring your long-time S. F. Hospitol range. your report to your friends re your weent substical is a honey-week worth much much may we not include it in the on-coming vol. V of TALES & TRADITIONS?

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The U. C. Training School for Nurses
"The Early Years"

Tales and traditions of any school emphasize particularly the things those "in the family" know but official records usually don't mention. In this respect the tales of the very earliest years of the U. C. Training School are easier to establish than some of the more prosaic facts, for information from some of the people who made the history of the School in its first decade has proven more accessible than the records of the era.

At the turn of the century the Medical School strongly wanted to establish a University Hospital not only because it was felt that additional clinical facilities were needed and would offer educational advantages if organized in close relationship with the School, but also with an eye to the prestige value of having a "Medical Center". The extra push that set the plans in motion came from the San Francisco earthquake and fire of 1906. Existing facilities in the city were damaged and the concurrent need for a suddenly increased number of hospital beds added to the arguments in favor of a hospital.

It is worth making quite clear that the hospital wards that opened under the name "U. C. Hospital" were located on the second and third floors of the original Medical School Building. In late 1917, U. C. Hospital was moved into expanded new facilities in the building extending between 3rd and 4th Avenues on Parnassus and the older building became the Out-Patient Department. When it finally reverted back to school use it was referred to as the "Old"Medical School Building. Thus, different generations of students knew this same site by a variety of names. All of them can surely recall, however, that the front steps, overlooked by a giant clock to warn you that you were almost late for class, were the steepest, longest flight of steps ever constructed--considering that at their end you had only arrived on the main floor. The next higher level was served by another breathtaking stair-

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way that started with an impressive central staircase and then divided to left and to right to reach the second floor. The two sets of stairs together, if climbed briskly to reach a classroom in a limited time, left any student limp for the first ten minutes of a lecture.

In addition it should be pointed out that the Medical School Building, along with the two similar blond-brick adjacent structures of the Affiliated Colleges, was perched on the hill well above the Parnassus Street level. Of course, there were steps leading up from the avenue. In later years during the interim when the Old Medical School Building remained standing adjacent to the rear of the first-constructed unit of the Medical Sciences Building, there was a level ramp connecting the two. It joined the fifth floor of MSB and the second floor of the Old Med. Sch. Bld. and graphically demonstrated the extent of the climb from Parnassus Avenue required to reach the old structure. What a jim-dandy place to open a hospital!

In April, 1907, the U. C. Hospital took its first patient. Two wards were located on the second floor of the (previously labeled) Medical School Building and two more on the third floor. Mary Crawford, a graduate of the School of Nursing of St. Luke's Hospital in San Francisco, was appointed by the Regents of the University to be the first Superintendent of Nurses. She came to the position with the understanding that she would start a school as well as be responsible for the nursing care of the hospital's patients.

The Regents of the University had responded to the urgent appeal of Dr. Sherman of the Department of the Hospital and approved a two-year program in nursing open to high school graduates. In the following six months only three accepted students were forthcoming and perhaps may account for the fact that the educational requirement was reduced to two years of high school (or its equivalent!).

These administrative actions were very much in keeping with the times, for they came on the heels of the 1906 medical-panic that nurses were being over-trained and that, therefore, the length of nurse preparation should be reduced to two years

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These administrative actions were very much in keeping with the times, for they on the heels of the 1906 medical-panic that nurses were being over-trained of that, therefore, the length of nurse preparation should be reduced to two years

from the commonly existing standard of three years. In them is also reflected that in the U. S. only 10% of those of high-school age spent any time in high school and so one couldn't expect numerous applicants for a training school for nurses if educational requirements were too demanding. Undeniably, the decision to establish a school was also in keeping with the fact that a school of nursing enhanced the reputation of a hospital as well as proved a major, almost essential, asset to it. In actuality the work of hospitals with schools was done by students during that era. It is no surprise either that in addition to accepting students for training for nursing, a scant four months after opening its doors U. C. Hospital advertised in August its willingness to take graduate nurses for a three-month program in obstetrical nursing. They were to receive ten dollars monthly in addition to room and board. Educationally they were offered lectures and clinics with the Medical Department and, of course, the benefits of twelve hours daily practical experience in obstetrical nursing duties.

The original two-year nursing program was actually very short-lived for, in January, 1908, only seven months after the first student entered the School, the third year of training was authorized. For those students already in the program and those accepted in 1908, the third year was to be optional, but thereafter it was the established program of the School. Of the three students admitted in 1907, two withdrew and left only one, Miss Lillian Cohn, to graduate in 1909, - the first graduate of the U. C. Training School for Nurses.

From the beginning admission requirements were high. No student was admitted to the Training School unless she was a high school graduate and could pass the physical examination. In general these were students in their early "twenties".

Perhaps the supreme test for admission was the evaluation of the student by the Superintendent of Nurses, Miss Crawford. A tireless, dedicated nurse herself, Miss Crawford placed a premium value on "earnestness about nursing" and "the heart for it". She interviewed all basically qualified prospective students and hand-picked those she felt were "capable and the right type".

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lysical examination. In general these were students in their early "twenties". Apprintendent of Murses, Miss Crawford. A tireless, dedicated garse herself, Or it". She interviewed all basically qualified prospective students and hondThat Miss Crawford's judgment was reliable has been widely attested to, even in public print by Dr. Howard Naffziger. However, her refusal to admit a physician's daughter, the apple of his eye, precipitated a crisis of sorts. The father challenged Miss Crawford's decision in a letter to Dr. Herbert C. Moffitt, apparently expecting him to rectify the colossal mistake. It was characteristic of the working relationship between the two individuals that when Dr. Moffitt brought the case up Miss Crawford indicated she could not alter her opinion and accept an impractical glory-seeking student (the physician's daughter) although public relations might better be served by a compromising attitude. Dr. Moffitt indicated that as far as he was concerned her decisions had his full support and that the issue was closed.

Other people were less enthusiastic about Miss Crawford's exacting standards and argued with anguish that candidates she refused had only to present themselves across the park where Children's Hospital would accept them without hesitation. They felt the School would get a reputation for having too difficult admission requirements.

Even Miss Crawford herself recognized that she was rather severe in her judgments, but felt that she must be so in behalf of nursing and the interests of the School.

The approval of the Regents for admission of applicants with only two years of high school, whatever may have produced such a decision on their part, was never put into effect. From the beginning only high school graduates were accepted. As soon as the "word got around about the School" a perfectly satisfactory number of acceptable high school graduates applied and the U. C. Training School for Nurses began to grow side by side with the U. C. Hospital facility which was fundamentally responsible for its existence.

The life of a student in the earliest years of the School seems shocking to her modern counterpart, but it was totally characteristic of the times. Since each student began her work whenever she was accepted by the School there was a constant straggling in of new students. For example, in the first year, 1907, one student came in June, one in September and another in December. Educationally, each was put in the hands of whomever was better prepared than she in the area to which she

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learned about her responsibilities and how to meet them. The Superintendent of Nurses gave not only helpful supervision and demonstration, for she often participated in caring for patients, but was responsible for some more formal teaching as well. As Miss Crawford (later Mrs. Carrol B. Crawford) has reported, she "took the students through the book". She referred to a practical-nursing handbook, one of the very few nursing texts which existed at that time.

When there was a reasonable number of student nurses accumulated, together as a class they received evening lectures from doctors to augment the nursing instruction of their twelve-hour day of ward experience. Among the teachers were Dr. Herbert C. Moffitt and an intern, Dr. Howard Naffziger, who presented the medical and surgical lectures respectively for the earliest students. The time volunteered to the School by these men and others like them at that time and later should be given endless credit, for their contributions helped to set a standard of education that has been a part of the distinguished history of the School of Nursing.

Students were given quarters as was the custom for many years along with the employed nurses and women-physician housestaff, if the members of these latter two groups elected to "live in". They lived in curtained-off sections to the rear of the hospital area. Those who can remember the Medical School Building structure will recall the south rotunda where an auditorium, and for a long time the Student Health facilities and Library were situated. Parts of the space in the rotunda were devoted to living quarters for students and staffs during the time U. C. Hospital was operated in the original location. Since the building was never designed for a hospital, let alone living quarters, the accommodations left much to be desired. Of course, it was conveniently accessible to the hospital's night-supervisor whose duty it was to awaken the nurses each morning.

When a student first entered the School she was expected to wear "simple wash dresses" during the first three months of her training. Of course,

as assigned. Thus, particularly by an apprenticeship method, the new students surned about her responsibilities and how to meet them. The Superintendent of s wases gave not only helpful supervision and demonstration, for she often particis wied in caring for patients, but was responsible for some more formal teaching as

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remember that the styles of 1907 were dresses of heel-length and the idea of simplicity of maintenance will not become confused with the requirement for simplicity of cut and finish. After three months the students wore a striped cotton uniform with a white pinafore apron and a bonnet cap.

The School was quickly faced with the serious issue of providing an official cap and pin for its graduates. Indeed, it was the custom of the country for senior students to wear their school cap, perhaps lacking some final touch of ribbon to distinguish it from the "real thing". The Regents appointed Dr. Rachel Ash to the duty of solving the cap situation. Even Dr. D'Ancona was involved with this grave resonsibility. But, as might have been expected, the design became the problem of Miss Crawford. She admitted that two particular factors influenced her decision: she couldn't sew well, and she hated the problem of packing her own fussy little cap. Many nursing caps (as in the case of Miss Crawford's) are almost impossible to launder either because of their material or design. The nurse must sew together a new one when it's needed. Miss Crawford chose to have the U. C. cap made of starched white linen in the shape of a university mortarboard because it could be re-used after laundering and because it would pack flat in a suitcase with a minimum of difficulty.

It's true that the cap can be fairly easily packed, but graduates would collapse with laughter at the idea the cap is easy to launder. For decades white U. C. nursing caps have been going to and fro in the world's mails because only a few people have had the patience and skill to become really adept in making or processing the cap. To this day graduates commonly mail their caps to be laundered by the expert.

The white mortarboard and the similarly-shaped blue school pin which Miss Crawford proposed were adopted as the official school cap and pin in 1909 and were awarded to the School's first graduate. The cap has posed its problems and controversies ever since. Whether it should be worn squarely on the head

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f t or allowed to skid back to a "halo" position has never been a matter of accord. The size of the square was finally whittled down very slightly because it was hard to wear without catching on the curtains between patients' beds, and it was difficult to avoid "drooping" tendencies of the projecting corners of the cap even when starched to the ultimate. At the time of Pearl Harbor the caps of students and most graduates were processed locally by a Japanese facility. When the Japanese were summarily "relocated" it created the most serious kind of a crisis. Until that time it was generally assumed that only the use of special, secret equipment in the deftest of hands could produce a laundered cap. When it became evident that the craft could be carried on by others patient enough to master it, the cap crisis passed.

On the positive side of the cap question is the fact that there are more interested enquiries about it, particularly as to how under the sun it is kept on the head, than probably about any other nursing cap on earth. It's a conversation piece. It's also completely unmistakable. As far away as the silhouette can be seen you can identify the U. C. graduate. No matter in what corner of the globe you wear it you can expect delighted strangers to rush up to talk to you, all because they recognize the meaning of the white mortarboard.

"he was,Oh, I had to watch out for him and the girls! One time I was out in the hall, off the big ward of 17 beds and I heard this big roar of laughter, so unseemingly in a hospital. I went in and there were Dr. Naffziger and Miss Martin and a couple of others. I asked, 'Well! what is the occasion for this?' and he said, 'I was

the head, then probably about any other nucsing cap on earth. It's a con-

that came to mind. For one thing, Dr. Naffziger......

trying to put Miss Martin in the ice box! How could I ever cope with something like that? I told him what a care he was to me."

The lost week of vacation was the serious disciplinary incident Miss Crawford experienced in her administration. A deaf-mute patient had a controversy with the student who was his night-nurse, the issue being a drug he had not received from her. In the exchange back and forth, which had to be written, the student finally wrote that "I guess you won't die before morning". The patient presented his complaint and the note to Miss Crawford who called the student into conference and "gave her a good talking to" and "told her that nursing had to come from the heart" and that "to a deaf-mute she couldn't have acted in such a way if it came from the heart".

The student was about due for her two weeks of annual vacation and one week was withdrawn as punishment. Dr. D'Ancona called Miss Crawford to account for her severity, but she insisted that the student must recognize that in nursing you couldn't allow irresponsible or thoughtless behavior and that the "extra punishment might help her in the future". The vacation was forfeited. The student graduated, practiced nursing, and by Miss Crawford's critical evaluation became "a fine and splendid person".

Miss Crawford withdrew from her position in September 1911, in order to marry, and in her place as Superintendent of Nurses the Regents appointed Miss Perry Handley. Miss Handley was an Australian nurse who had been the Operating Room supervisor at U. C. for some time. She was highly regarded, but her tenure was short. With the growing threat of war she elected to return to her own country in 1913 and enter the military service. In her place the Regents appointed Miss Decima Kidd in 1914.

In 1913, four years after the graduation of the first student in 1909, the School had added to its graduate list twenty-three more nurses. When Miss Kidd assumed her duties in 1914, she found the responsibilities for an enlarged hospital and school more than one person could handle. An instructor, Miss

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The lest week of vacation was the serious disciplinary incident Miss Crawford reperienced in her administration. A deaf-mute patient had a controversy with the student who was his night-nurse, the issue being a drug he had not received from her. In the exchange back and forth, which had to be written, the student finally rote that "I guess you won't die before morning". The patient presented his complaint and the note to Miss Crawford who called the atudent into conference and "gave her a good talking to" and "told her that nursing had to come from the heart" and that "to a deaf-mute she couldn't have acted in such a way if it came from the

The student was about due for her two weeks of annual vacation and one week was vithdrawn as punishment. Dr. D'Ancona called Miss Crawford to account for her severity, but she insisted that the student must recognize that in nursing you couldn't allow irresponsible or thoughtless behavior and that the "extra ounishment might help her in the future". The vacation was forfeited. The student graduated, practiced nursing, and by Miss Crawford's critical evaluation herena "a fine and splendid person".

Miss Crawford withdrew from her position in September 1911, in order to marry, and in her place as Superintendent of Nurses the Regents appointed Miss Perry Landley. Miss Handley was an Australian nurse who had been the Operating Room supervisor at U. C. for some time. She was highly regarded, but her tenure was short. With the growing threat of war she elected to return to her own country short. With the growing threat of war she elected to return to her own country short. With the growing threat of war she elected to return to her own country short the military service. In her place the Regents appointed Miss science Tidd in 1913 and enter the military service. In her place the Regents appointed Miss

In 1913, four years after the graduation of the first student in 1909, the school had added to its graduate list twenty-three more nurses. When Miss Xidd essured her duties in 1914, she found the responsibilities for an enlarged institute and school more than one person could handle. An instructor, Miss

Sarah Crowe, was employed to concentrate on the tasks of teaching the students who continued to enter the School one by one whenever they were accepted.

In 1915 Miss Emma Stowe replaced Miss Kidd as Superintendent of Nurses and Miss Mildred Hatch took over as instructor from Miss Crowe. With the war in Europe, in the U. S. the demand for women in various fields of employment increased, and since nursing had the reputation for being gruelling work, poorly rewarded, and pursued under rather extreme conditions the applicants for nursing schools fell off to a serious degree. However, the reputation of the School is reflected in the fact that the U. C. Training School did not experience a student shortage. Miss Stowe had more students than the curtained-quarters behind the expanding hospital wards could accommodate. It was necessary to take over other buildings, first the Bennett Apartments on Willard and Parnassus, and move the overflow into them under the watchful eye of a "housemother".

One of the items about which the housemother was to be "watchful" was fraternizing between nursing students and the medical students and staff. There had always been a ban against these two groups meeting socially, although it is difficult to understand why the rule prevailed throughout the country decade after decade when it had never proved effective in fact. When nursing students moved into "extra housing" the rule against socializing was flaunted at the unaltered rate as in years past. Prudent couples met at the foot of the hill and set off together after carefully surveying their company in the trolley car. It was the same old system and it worked as well for those assigned to live in the hospital area as those who "lived out". That the atmosphere of the "extra housing" units was less restrained than in the hospital was only to be expected. The housemothers were to remain alert for the undue growth of mischievous spirit in the group. There's little doubt but that such housing provided a happier "home-life" for the students and that mischievousness was one of its expressions. However, an "undue growth"

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In 1916 the first real movement in the U. S. began toward preparing nurses with college education combined with nurse's training. In common with a few leadership schools the U. C. Training School designed a five-year program for those women who wished particularly to prepare for positions in the teaching, administrative, or public health fields of nursing. The demand for public health nurses was especially great, for there had been a surging growth in the use of such services ever since the Lillian Wald settlement-house project had gained national attention years before. At U. C. the program for the five-year student was different, but would not affect the existing basic three-year course. The five-year student prepared with two years of college in which specified requirements in science and other courses were completed. Then these students were to spend a summer session ("preliminary preparation", "preliminary" or "probationary" period) in acquiring the orientation and basic skills of nursing. Two years of hospital training were to follow and then a return to an academic "elective" semester at the University. They were to receive a nursing diploma and also the University's baccalaureate degree for these five years of study. The arrangement of study within the five years of this program was changed several times, but the basic sequence, university to hospital to university, was consistent.

To administer the programs Miss Mary McKenzie came to the School in 1917 as Superintendent of Nurses. As it developed, no five-year student was ready for admission to the School. However, that year had everything but the new program to cope with. The U. S. entered the World War and the hospital which never had more than an essential number of graduate nurses began to lose them as they went off to military service, some, of course, to the 30th Base Hospital, the U. C. unit. The student nurses not only staffed the hospital, but many wards were totally supervised by students. The "new" U. C. Hospital structure on Parnassus was completed and it fell on the students' shoulders to do much of the preparation for moving into the magnificent new facilities (capacity 273 beds, erected at a cost of \$750,000!). The making of gauze dressings to stock the supplies of the

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Aperintendent of Nurses. As it developed, no five-year student was ready for simission to the School. However, that year had everything but the new program Wilt. The student nurses not only staffed the hospital, but many words were new hospital must have been a tremendous job (done on the side of other pressing duties) for it has been remembered so well by the staff for whom this would pass normally as a routine chore.

The exodus from the old U. C. Hospital and move into the new one was momentous for all those who had labored in the less convenient facilities. Not only the students and orderlies but the house staff, particularly the robust type who were often called on to hoist a litter to carry a patient up or down the long stairways of the original hospital, were happy to put aside some of the climbing and heavy work necessitated by the nature of the old structure. Occupying the new building in the fall of 1917 could only be a matter for brief celebration, however, for there was pressing work to be done and on all levels barely enough personnel to do it.

In 1918 Dr. Louise Morrow, head of the Social Service Department of the hospital was appointed to be Director of Nursing as well. Miss Jessie Greenwood became Superintendent of Nurses and Miss Grace King the instructor. It was another year everyone would remember. The fact that the war ended had less impact than the struggle against the influenza epidemic. The people of the city were wearing masks, gargling Dobell's solution and eating mountains of onions to protect themselves from the disease. There was a frightening mortality rate and the Red Cross service aiding in the collection of the dead could hardly cope with the situation. "No one could get a doctor let alone hope to get into a hospital". At U. C. the idea of routine assignments or hours of duty were put aside to "fight the 'flu". That the disease did not sweep through the staff in the same devastating way it was striking down the general population is hard to explain. The students weathered the crisis in fine form, as has been observed, "probably because they were carrying too many responsibilities to allow them time off to have the 'flu".

One can see good reasons why "privileges for students" were authorized in 1918.

Dr. Morrow had a keen understanding of student problems and brought her influence
to bear in achieving student privileges which were unheard of in the area and much

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One can see good reasons why "privileges for students" were authorized in 1918. di bear in achieving student privileges which were unheard of in the area and much

in advance of similar movements in the country as a whole. Under her administration student government was established, and Mrs. Gertrude Folendorf, who was later to be administrator of all Shriners' Hospitals, was selected as the first student-body president. The wearing of the school cap, customarily allowed only when senior standing in the School had been reached, was allowed to all students at the completion of their probationary period. White shoes were authorized for students in uniform. Social relations with medical students and staff were made legal! And preparations for the eight-hour day that became established fact in 1919 were started!

It must be pointed out that California had passed a student-nurse work-law in 1913, limiting the work-time of students, not graduates, to 48 hours in a week. This time was divided at U. C. (as was true everywhere in some similar fashion) into six days of seven hours work and a seventh day of only six hours. The peak period of nursing work existed in the morning, followed by an early afternoon lull which required less nursing service, and then the late afternoon load occurred. During the "lull period" classes might be scheduled or students given the hours free so that their hours of duty would cover periods of heavy nursing need. Thus, the "split-hour day" while in compliance with the law still kept students committed to the hospital day in and day out. If one had, in fact, an eight-hour day it followed that under the law regarding total hours one would obtain one day each week free from work in the clinical areas. It was a great step forward for student murses.

Other noteworthy events of 1918 were that the first "five-year student" was admitted, and on the Berkeley campus under the Department of Hygiene an eight-months course for graduate nurses was begun which would lead to a Certificate in Public Health Nursing. As was later to prove the case, when the U. C. five-year student returned to Berkeley for her final "elective semester" of study she often elected to focus on public health nursing and obtained the certificate as well as her diploma and degree. Among areas included in the 1919 schedule of field work in the

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program for the Public Health Certificate were four weeks assigned to the Juvenile Court, assignment to the Society for the Study and Prevention of Tuberculosis, assignment to "industrial medicine", and one week spent at the Emporium (San Francisco) to study social, medical and educational work among employees.

Meanwhile, back at the Hospital....... brand new women's residence (called the "610 Dorm." referring to the 610 Parnassus address) was opened for occupancy in 1919. It was a palace. The eight-hour day had arrived. Of course the eight hours of ward-duty was still not eight consecutive hours necessarily. They were still the eight hours chosen out of the twelve hours of the day when mursing loads were heaviest. The split-day, 7 a.m. to noon and 3:30 p.m. to 7, were hours commonly assigned day-nurses and would remain so for almost thirty more years. However, such liberality of student treatment, their extensive privileges and ease of living and working conditions, surely caused older heads to shake with reservations.

The Y.W.C.A. established an independent organization within the School and thus the U. C. Training School for Nurses became the only school of its kind to have such an independent Y.W.C.A. The National Council of the "Y" considered "work among nurses important enough to assign the services of a special field secretary". Whatever the reasons for focusing on U. C., the independent organization was withdrawn in 1922. In the interim, however, the U. C. students had one more thing that added to their social activities, lent them distinction along with their other privileges, and encouraged greater inter-relationships with students of other San Francisco nursing schools.

The student who was approved for the Training School was not finally accepted until she completed her probationary period. She was to present herself to start that experience equipped with aprons and striped uniforms (Pictoral Review Pattern 6125, length four inches from floor, four-inch hem, and two-inch tucks). She could buy collars from the office of the Superintendent of Nurses, (cost \$1.60 per dozen), and also cuffs (15 cents per pair). She needed strong, durable under-

art, assignment to the Society for the Study and Prevention of Tuberculosia, and art assignment to "industrial medicine", and one week spent at the Emperium (Sam assignment to "industrial medicine", and one week spent at the Emperium (Sam assignment) to study social, medical and educational work among employees.

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wear, (the machine-laundry of the Hospital was a service provided the student). She required a long warm coat, white shoes, and a watch with a second-hand. She had to deposit \$20 with the hospital against breakage or damage to hospital property through carelessness. If she withdrew, her deposit was forfeited and added to the comfort fund for nurses. If she didn't demolish the hospital during her training she received the deposit or unused portion of it back at the time of graduation. The student required about \$10 for textbooks or personal purchases, and was requested to bring a ring for her table napkin. She was given room and board without tuition fee and could be dismissed at any time for inefficiency, misconduct, neglect of duty, failure in exams, disloyalty, or inability to develop qualities essential for the profession. If the student proved worthy during her probationary period, after her final acceptance she received a monthly stipend of \$7 and was allowed two weeks annual vacation.

Much of the description of student life is very commonplace for the times, perhaps excluding their residence and "privileges". However, there was nothing ordinary about their curriculum. The basic program included courses in Mental Diseases, Mental Abnormalities in Children, and Public Health and Sanitation, as well as experience in Out-Patient clinics and "outside deliveries". From among the list of those presenting lectures to the student nurses were: Guy S. Millberry Oral hygiene), Dr. Frank Lynch (Obs.), Dr. Rachel Ash (Ped.), Dr. Edwin Bartlett and Dr. Carl Hoag (Surg.), Dr. Howard Markel (Ortho.), Dr. Frank Hinman (Urology), Dr. Hans Lisser and Dr. Fred Kruse (Med.), and Dr. Olga Bridgman (neuro-psych.). In addition to the course in Public Health Nursing in Berkeley, there were short clinical courses offered at the Hospital at various times for graduate nurses. The graduate students took these courses without fee and were given room and board without stipend during their study. The 1919 admission requirements, living and Practicing conditions, and course of instruction given at U. C. Training School represented many practices strongly recommended, but generally not achieved in the country until much later.

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It's not certain how the progressive educational eye would have evaluated the back-breaking aspects of some of the student experience, for example, in "home" or "outside" deliveries. Mrs. Gertrude Folendorf recalls how she as a student accompanied Dr. Margaret Schulze for a home delivery one evening in 1919. Each was heavily ladened with the suitcases, the "home delivery bags", and had to trudge down to the Lincoln Way trolley line which took them to 19th Avenue. Then the two women began the hike up the avenue, ("nothing more than a cowpath or alley, really") clear out to Noriega. On either side was nothing but scattered cabins and sand dunes except for the Telephone Building that lent some air of habitation to the district. Finally, the expectant father met them with a lantern in the vicinity of Ortega Street to guide them the rest of the way to the patient. One must assume that once the duty was done the two women picked up the suitcases and staggered back again to the trolley and finally up the hill to the hospital.

In later years the home-delivery setup became more elaborate than would fit into suitcases, and although the Obstetrical Department had a Ford to provide the transportation the amount of equipment was pretty striking. Winifred Ham Incerti got a night call to join an Assistant Resident who was a Texan returning for a residency after considerable private practice. When he saw the laundry bags filled with equipment to be packed into the Ford he came to a stunned standstill and said "What in the world are we going to do with those?". Winnie assured him it was obstetrical equipment and routine to take on an outside delivery. In near disbelief he rejoined, "Where I come from we just take a package of sterile towels".

Dr. Louise Morrow returned exclusively to her duties as Director of the Department of Social Service and the Regents appointed Miss Mary Pickering as Superintendent of Murses in 1922. Miss Pickering was a graduate of the Massachusetts General Hospital School of Nursing and had served in the military service during the War. Her leadership of the School extended over a longer period of time than any of her predecessors and was characterized by great insight into future needs as well as by great practicality about current problems. Under her direction one of the first things accomplish-

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shool of Mursing and had served in the military service during the War. Her leaderand was characterized by great insight into future needs as well as by great practifality about current problems. Under her direction one of the first things accomplishpattern of student assignment. A second instructor was added to the school staff and an affiliation with Children's Hospital for experience on Communicable Disease wards was contracted. Miss Pickering's support enabled her to get the Academic Senate to vote approval for graduates of the Training School to participate in commencement exercises at Berkeley, and for the University examiner to endorse the admission credentials of the student nurses. The admission of Oriental students to the Training School was approved the same year, 1922. Whatever the explanation for the extreme prejudice against Orientals which had existed in Northern California and in the Bay area, this action to admit them to the Training School was considered a major change. In the light of the many Oriental students who have subsequently attended the School and have contributed from their number some of the School's most distinguished students, it is amazing to reflect that in 1922 the admission of such applicants was considered daring.

Approval was also voted for the improved School curriculum and Miss Pickering set about strengthening it in places where one could clearly see the logic, but had considerable precedent to overcome. "Two Filipino men were hired by the Dietetic Department to assume some of the work in the diet kitchen previously performed by students". Of course, students still spent longer assignments in the diet kitchen (six weeks) than they spent in the Communicable Disease wards at Children's Hospital (four weeks).

"Experience in the 'gauze room' was confined to two weeks in the probationary period, and a return two weeks at half-time later in the course in charge of the work done". Few people realize that the ordinary little packets of 4 x 4 and 2 x 2 flat sponges were counted and hand-packaged for sterilization well into the 1950's. General Surgery and "cherry" sponges were twisted from cut gauze and cotton applicators made as well as packaged. Such work was student-work, nurse-work, house-mother-at-the-reception-desk-work, patient-work, -- everybody's work if these essential supplies for the hospital were to be available.

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Medical Social Service which included in their department the work of Public Health nurses took the students for a month's experience in the 1922 curriculum, and was another instance of development far in advance of the ordinary. The 48-hour week was defined to be six eight-hour days with a full day free from both classes and clinical assignment. "Even students 'on call' for the Delivery Room were specifically entitled to a full day off every week". Surely the highly progressive attitudes of the U. C. Training School must have stirred up great debate in the nursing circles of California!

"On Monday nights senior students meet in Miss Pickering's room to discuss problems of interest to nurses". Considering the person it is safe to assume that her conferences were enjoyable as well as informative. However, in recalling these conferences one is reminded also of the disconcerting situation that existed for the students in spite of their luxurious (by then prevailing standards) nurses' residence. The presence of Miss Pickering herself living practically at the elevated doorstep of the residence was no small problem when a student missed getting home by the extremely conservative "lock-out" hour. Three alternatives were possible. You could ring the bell. Doubtless Miss Pickering herself would answer it. You could apply to the hospital evening or night supervisor for the loan of her key to momentarily unlock and prop open the door. This second choice offered only slight advantage over ringing the doorbell. The best choice was obviously to quietly get the attention of a friend by aiming pebbles cautiously at her window. This was hard because some first floor windows are more than fifteen feet up and a second- floor friend was almost unreachable.

Dr. Elizabeth Davis, living in a first-floor room of the residence as an intern at the time, recalls that there was a fourth difficult option if one were adventurous enough, had a sufficiently athletic-type escort, and if she, Dr. Betty Davis, had left her lower window open. Dr. Davis somehow acquired a name as the "friend of lock-outs", but she felt the reputation was out of proportion to the deeds responsible for it. Having awakened to find someone being dangerously

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hoisted through the window into her bedroom, Dr. Davis reached the conclusion it was just as easy to function as a gate-keeper in a restrained sort of way.

After all, as she said, the chances were that she'd be opening the door for nurses whose escorts were her own classmates.

Essentially the student nurses were only representative of young university women of the times. If anything they were somewhat more sober and mature because of the nature of their education and the early assumption of heavy and serious responsibility. As of 1924 they were admitted to the Training School not just on the endorsement of their high school credentials by the University examiner, but on precisely the same matriculation requirements as all other students accepted by the University at Berkeley. Apart from requiring a level of academic ability, these requirements could not be met without foresighted planning from the time of entering high school. To receive the required grades in the solidly academic subjects demanded by Berkeley didn't permit the student to be either "average" or a "bright slow-starter". Throughout the School's history the stringent educational requirement for admission was a significant factor making possible the level of curriculum the School designed for its students.

In 1925 the need for teacher and administrative preparation in nursing became pressing enough that a chair in Nursing Education under the Department of Hygiene was created in Berkeley. Subsequently, baccalaureate students of U. C.'s own program or other nurses coming to the University for a degree could concentrate on either the study of Public Health Nursing or Nursing Education to combine with their preparation in general nursing. Miss Pickering spent much of her last year on the Berkeley campus working to develop the Nursing Education curriculum. In San Francisco her assistant, Miss Kathleen Fores, a graduate of the class of 1915, supervised the activities of students in the Training School and post-graduate clinical courses.

In 1927 Miss Pickering resigned her position to marry, and in her place her co-worker, Miss Fores, was appointed by the Regents. The School had been in

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It is admittedly arbitrary to consider that the "early days" of the Training School extended through Miss Pickering's administration. However, the School was hardly firmly established when the first World War broke into its progress. The period of recovery after the war, while dramatic, was far from accomplished when she took direction of the School. Indeed, many of the aspirations of her predecessors as well as her own were far from achievement when she withdrew. However, a fine name was already established and a solid foundation had been laid down upon which to continue to build. It was a monumental accomplishment and it was made possible by the students as well as those more exalted who worked in and for the U. C. Training School for Nurses in the "early years".

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106 SAN FRANCISCO MEDICAL CENTER: SCHOOL OF NURSING OFFICE OF THE DEAN July 24, 1963 Dr. W. E. Carter To: Mary T. Harms From: We are privileged and happy to send a contribution concerning the School of Nursing to your "Tales and Traditions" collection. We have every hope of compiling a comprehensive history of the U. C. School of Nursing in the not-distant future, and the enjoyment of reviewing the events of "the early years" in preparing the enclosed commentary has produced even greater interest in our plan. It has also made us realize even more how valuable your work has been in stimulating us to review, appreciate and preserve the information available to us about the great heritage of this Medical Center. Thank you for inviting us to join in your "Tales and Traditions" project for which we have the most sincere admiration. MTH:fc UNIVERSITY OF CALIFORNIA—(Letterhead for interdepartmental use)

Io: Dr. W. E. Carter

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SOCIAL SERVICE DEPARTMENT

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UNIVERSITY OF CALIFORNIA SAN FRANCISCO MEDICAL CENTER

TERSITY OF CALIFORNIA HOSPITALS

July 9, 1963

William E. Carter, M.D. Alumni-Faculty Association School of Medicine University of California San Francisco 22, California

Dear Dr. Carter:

Enclosed is the brief of the birth and development of the Social Service Department as you requested in your letter of June 26th. I have used the material which Mrs. Marian Metz prepared for the Alumni Association memoirs in January 1960 and have rewritten the last paragraph to include current status of the department.

I hope this is satisfactory and will serve your purpose. We appreciate being included in the history of the School of Medicine and its ancillaries.

Sincerely yours,

Ethelyn M. Sellingar, Ethelyn M. Sellinger,

Acting Chief Social Service Department

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Medical Social Service Department 1942-1963

This Medical Social Service Department was established as a professional unit in November 1942, following a study of the need for such a unit to fulfill both the teaching and service obligations of the Medical School and the Hospital and Clinics. The impetus for the study and medical support for establishing a unified, professionally qualified department were spearheaded by Francis Scott Smyth, M.D., then Dean of the School of Medicine and Professor of Pediatrics, and by William Kerr, M.D., then Chairman of the Department of Medicine. Both of these medical educators believed that a high standard social service department was an essential adjunct to the clinical services in which medical students and housestaff put into practice the theoretical knowledge they spend so long acquiring.

Up to 1942 the most pressing and obvious social and economic needs of patients were met in many ways and by many people, but this helping activity was always secondary to some other function. There was no way of incorporating the social information into the teaching programs, nor any systematic way of coordinating services, preventing duplications or omissions, communicating with outside agencies, nor of evaluating the over-all medical-social needs of individuals and families under treatment here. The Head Nurses of some clinics and wards developed very effective ways of coping with some specialized problems, but this was dependent on their personal interests and aptitudes, and a similar need might go unmet on another clinical service. Many financial problems were dealt with by the unit responsible for determining eligibility and setting rates for free and part pay patients. Indeed, this unit, under the able leadership of Miss Rose Steinhart, dealt admirably with the urgent practical needs, such as food, clothing, and shelter which were so prevalent and which took precedence in the thinking of everyone during the depression years.

Along with the full employment of wartime prosperity came the tensions of family disruption and population mobility and a whole new set of problems which impinged on medical care. Fewer of these new problems could be solved satisfactorily by the mere provision of tangible services. Concurrently there was an upsurge of interest in the medical profession about the interelationship between stress situations and disease processes which added timeliness to the decision to establish a social work unit capable of making professional social diagnoses.

As is true of many new activities in this university, the initial funding of the Social Service Department came from an outside source, in this instance the Columbia Foundation. We became a

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budget item for hospital administration after a successful three year demonstration. During the demonstration period and for about four years thereafter there was a very active Advisory Committee made up of senior men from the main clinical departments, from hospital administration, from the Schools of Medicine, Nursing and Social Welfare, and in the early days from the Foundation, as well as the Director of this department.

It was in the Advisory Committee meetings that much of the policy under which we operate today was spelled out. It was here that it was decided to have our recording a permanent part of the unit Medical Record. The Committee also backed the first Director, Miss Ruth Cooper, in her determination that service would be given to patients only with the active concurrence of the physicians responsible for their care. In this way she avoided our becoming loaded down with many non-social work functions, and left basic responsibility for total patient management in the hands of their physicians, where it belongs. Without this firm backing and recognition of the professional nature of the services available, many of the policies under which we now operate could not have been established. I deeply regret that the committee is no longer active in the same capacity. By 1948 most of the controversial issues about our operations as a service unit had been settled, and the meetings of the Advisory Committee were too peaceful to be interesting, so they became less and less frequent.

The Committee was revitalized in 1953, following the resignation of the second director, Miss Addie Thomas, but with a different function. It was now charged with helping to choose her successor and to make recommendations for formalizing the teaching responsibilities of the department. The new committee is advisory to the Dean of the Medical School rather than to Hospital Administration, and is concerned with future reorganization rather than current operations.

To return to the early days of the department, there was initially a central intake system in which all new referrals cleared through the supervisor of casework. She determined the appropriateness of each with the referring person and assigned accepted cases to staff in rotation. This was done as a means of interpreting function to the sources of referral and to assure a fair distribution of the work among the numerically limited staff.

As the differentiation between the functions of medical social workers and admitting workers became clearer to referral sources and as the staff increased in mumber a caseworker was assigned to each major unit of clinical service and central intake was dropped.

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Thus the Social Group Work Program to Promote Children's Adjustment to Hospitalization was created in 1956 on a trial basis at the combined request of the Department of Pediatrics, School of Nursing, Nursing Service and Social Service. After two years of being financed by a local philanthropic foundation it became a budget item.

At this time (July 1963) the Social Service Department consists of $18\frac{1}{2}$ positions. Twelve and one-half social work positions and three clerical positions are included in the departmental budget: Four social work positions are financed in other ways: one field instructor by the School of Social Welfare; $\frac{1}{2}$ caseworker for the Rheumatic Disease Program by a grant from the National Foundation; one caseworker jointly by the Department of Orthopaedics and Out-Patient Department; and $\frac{1}{2}$ caseworker by the Neurology Department with a grant from the National Multiple Sclerosis Society.

Marian W. Metz, Chief Medical Social Worker, January 18, 1960 Ethelyn M. Sellinger, Acting Chief Medical Social Worker, July 3, 1963 (rewrote last paragraph) 110.

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WOMEN GRADUATES

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UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL'S WOMEN GRADUATES

The women graduates constitute a large assignment, both in numbers and in range of interest. Sources of information have been communications from early alumnae (a most helpful number of replies to notes sent out), records available at the Medical Center, and personal contacts of the scribe. Data is incomplete but an effort has been made to obtain a representative "spot check".

From 1876, when the first woman completed the medical course at U.CL, through 1962, a total of 394 women received degrees here. This number constitutes a little less than 11% of the total number of graduates of the school from its opening. In their choice of specialties they cover quite completely the various fields though I know of no woman in neuro-surgery. The largest number in any one category have been members of the teaching staff of their alma mater, distributed through the various departments. Student Health work, General Practice, and Internal Medicine have claimed the next largest quotas, with Pediatrics, Obstetrics and Gynecology, Anesthesiology, and Public Health Departments following closely. Psychiatry, Pathology, Clinical Laboratory and Research, Medical Missionary fields, and Chest Diseases have been well represented, and there have been a few of our women graduates in each of the following: General Surgery, Otorhinolaryngology, Ophthalmology, Radiology, Orthopedic Surgery, Plastic Surgery, Dermatology, and Medical Public Relations.

Among those whose unusual experiences, outstanding achievements, or public recognition have been notable, the following should be mentioned. The list is far from complete and recent years are not included, the omissions and records of the later classes being left to younger pens and minds to complete.

---- by Elizabeth Davis

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Lucy Wanzer '76; the first woman to graduate from Toland College, and whom I had the pleasure and privilege of knowing, was a well known and beloved practitioner in San Francisco. She attended meetings of the Alpha Epsilon Iota Women's Medical Sorority in my student years and told us of her experiences. A petite, rather frail-looking person, whe still showed the indomitable spirit which made her persist in her efforts to gain admission to the school and to stand her ground in classes where instructors tried in vain to make her feel sufficiently unwelcome to withdraw. Her account of her first appearance in the class of Beverly Cole, most violent of the opponents of acceptance of women students, remains a very vivid memory. Looking in Lucy Wanzer's direction, Dr. Cole announced, "Any woman who studies medicine should have her ovaries removed;" to which she replied, "I haven't heard anything about the men being deprived of their testicles."

Sarah Shuey '78 was well known in private practice in San Francisco in the early days, active in welfare work and on the staff of Children's Hospital.

Emma Sutro Merritt '81 was the daughter of pioneer Adolph Sutro, owner of Sutro Forest and the man who gave the ground on which the Medical Center stands to the University. Emma Merritt lived with her husband, Dr. George Merritt '82 in the old Sutro family home in Sutro's Gardens overlooking San Francisco's Beach and the Pacific. She was frequently a gracious hostess to women doctors and medical students.

Katherine I. Howard '85 was another woman with a large San Francisco practice.

Helen McKnight Doyle '94 practiced with her husband, Dr. Guy Doyle, at Bishop, California, moving after World War I to Berkeley, where they

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continued in practice. Their son, Morris Doyle, is an eminent lawyer, now chairman of the Stanford University Board of Trustees. Dorothy Doyle Morrison, their daughter, is the widow of the late Dr. Lewis Morrison, chairman of our E.N.T. department for many years prior to his death. Dr. Helen's books, her autobiography, "A Child Went Forth", and "The Life of Mary Austin" are well known.

Mary Morrison Staples '94 was a member of the Morrison family which gave Morrison Planetarium to San Francisco.

Rose Eppinger Sharp '95 has sent a long and interesting letter from while which the following is taken:

There were just four female students who graduated in 1895:

- 1. Mrs. Mary Sankey, who had taught in San Francisco public schools for many years. During our Freshman year, she celebrated her 25th wedding anniversary. We young girls thought she was as old as Methuselah, but she was probably not more than 45 years. old
 - 2. Grace Feder
 - 3. Adeline Feder
 - 4. Rose Eppinger (myself)

The Feder girls and I were in the senior class at Lowell High School (San Francisco); they must have investigated, as they knew that we would have to beave before graduation to enter U.C. Medical School (formerly Toland Medical School). Our lecture classes were at Toland Hall on Stockton St., and we commuted by streetcar for our clinical work at City and County Hospital at Potrero and 22nd St. Our treatment as women students was mostly excellent; in fact, nearly everyone was so solicitous that it was a little embarrassing. My only medical work, after interning and my marriage, was a period of volunteer work at San Francisco Polyclinic in the Ophthalmology Depærtment under Dr. William E. Hopkins. Much of my life outside of family obligations has been volunteer work in civic activities. My career as follows:

1895 Graduated, but being under 21, I could not receive my diploma. Was given a certificate to interne at Childrens' Hospital (San Francisco) where I roomed with Nell Doyle (Helen McKnight Doyle), who had been there for six months.

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I worked at Polyclinic under Dr. William

E. Hopkins in Ophthalmology.

1906 After the earthquake, we moved to Atherton.

Dr. Sharp commuted to San Francisco. We were "pioneering";

I became absorbed in raising my family:

1. Helen Elizabeth Sharp (married Wheeler H. Thayer). Graduated 1921 in Chemistry (Stanford); later M.S. in Bacteriology. Now teaching in Medical School and helping run the Microbiology Department.

2. James Graham Sharp Jr. (married Antoinette Tucker). Graduate Stanford, E.E.; graduate study at Harvard Business School. With General Motors in New York; Federal Wireless--Palo Alto; James Dole Associates--Chemical Products; etc.

1914 Member of original Board of the Palo Alto Chapter, Red Cross, then embracing also Atherton, Mt. View, etc. At 88, I am still on the Advisory Board of the same chapter. On original Board of the Women's City Club in San Francisco.

1917 Chairman of the Defenders' Club (for enlisted men at Camp Fremont, tremendous Army camp near Stanford, Menlo and Palo Alto); months of planning----

1918 April--Defenders' Club opened; continued a full year with volunteer personnel.

Palo Alto Garden Club--founded by a small group, but by the time I retired a few years ago, it was a big club; Honorary Member.

1919 On the Board of the Stanford Convalescent Home. For many, many years active in the large "Senior Auxiliary". Now honorary member.

Late 1920's On Board of Palo Alto Hospital Auxiliary, continuing until I retired about 10 years ago; now honorary member.

On Board of Palo Alto owned Children's Theater.

Dr. Sharp and I were early members of the Adult Theater. (Both Children's and Adult Theaters were built for the city by Mrs. Lucie Stern as part of the Community Center).

My latest activity-being the "Grandmother" of a Palo Alto Girl Scout troop.

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My latest activity -- being the "Grandmother" of a Palo Alto Girl Scout troop,

Grace Feder Woods '95 gives an account of her post-graduate studies and clinic associations as follows: "When my sister and I graduated from Toland Hall in 1895 (Toland Hall was then the University of California), we left immediately for Europe to continue our studies.

"Our graduating class selected the location for the U.C. Hospital.

I well remember trudging knee-deep in sand on that occasion. Our group also designed the class pin used for many years.

"My sister Adelina and I studied Bacteriology in Nurnberg under Professor Loeb, whose brother was a professor at U.C. In Zurich we studied general medicine under Drs. Eichhorst and Muller. In Berlin we continued to study brain under Professor Monakan and Forel, whose clinic was at Buckholse.

"My studies continued alone. I was the only American woman in 1897 to enter the University of Berlin. Here I studied eye with Dr. Schweiger. I continued my studies at Moorfields Hospital in London in 1897, associated with another doctor in charge of the infant clinic. On the staff at that time were Drs. Tweedy, Nettleship, Collins, Selix, and Dr. Thompson, the inventor of the ophthalmoscope. I did the refraction work for one year in this same clinic.

"I returned home in the fall of 1898, and consulted with my cousin, Monroe Deutsch, as to the possibility of opening a free clinic to fit and dispense glasses for students. However, thinking had not yet progressed to a point where eye deficiencies were recognized in students, and my suggestion was not accepted.

"With my extensive training in Ophthalmology, I was well qualified to open an office in San Francisco, but was forced to bow to my father's wishes, as at that time it was not proper for a woman to be in the public

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eye. Clinical work was the only outlet.

"I was on the staff at the U.C. clinic with Drs. Merritt, Lagan, and Powers; also the clinic under Dr. Hopkins. I spent fourteen years doing clinical work.

"I retired from practice in 1914 and devoted myself to my husband and daughter, who was born in 1919. I still maintain my license and subscribe to medical publications."

Mary E. Botsford '96, prominent figure in Anesthesiology in its early years, was a local leader in this field and head of U.C.'s teaching.

Eleanor Stow Bancroft '96 was the first Women's Physician ontthe Berkeley campus when the Infirmary opened in 1906 to meet the health needs of the students with Dr. George Reinhardt (husband of Aurelia Henry Reinhardt, later president of Mills College) as chief. Drs. Reinhardt and Bancroft gave the hygiene courses in the University. (The attitude toward these classes in that era as contrasted with today's may be judged by the popular designation of Dr. Reinhardt's class as "Smut I", and the frequent occurrence of "swooning" during Dr. Bancroft's lectures!) A real friend to students, who held her in deep affection (I was one of the number), Dr. Bancroft was the first of a line which has provided an unbroken succession of women graduates of U.C. Medical School to care for the women students on the Berkeley campus. Following in her footsteps have been Romilda Paroni Meads '07, from 1911 to 1919; Ruby L. Cunningham '14, from 1919 to 1944; Margaret Godley Zeff '28, from 1944 to 1959; and Gertrude Mitchell Smart '35, from 1959 to date. Interestingly enough, the three married women in this succession are all wives of graduates of the Medical School. They are all well recognized and respected in the Student Health field.

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Health Service has had a woman graduate of our Medical School for nineteen of its twenty-four years. Each professional school—Medicine, Dentistry, Nursing, and Pharmacy—had its own physician up to 1939, at which time the combined Student Health Service for the Medical Center was inaugurated with Dr. Saxton T. Pope II '29 as director. When Dr. Pope left the San Francisco campus in 1944 to become head of the Mental Hygiene Department at Cowell Hospital on the Berkeley campus, I succeeded him, and on retiring in 1952 was in turn succeeded by Elenore Erickson '38, the present director.

During the existence of the Student Health Service its staff has grown from two half-time physicians (one the director) and one secretary-nurse to a full-time director, 12 part-time physicians, three nurses, and four clerical employes; and its "clientele" from 600 students to nearly 2000.

Quarters have gone from two small basement rooms in U.C. Hospital without facilities to the rotunda of the old Medical School building, and thence to a beautifully equipped suite on the third floor of U.C. Hospital. The planning of these quarters and the present efficient organization of the service are the work of Dr. Erickson, during whose term of office most of the great growth in enrollment has taken place.

After this lengthy digression, returning to Dr. Bancroft: Leaving her work at U.C. to raise her family, she later returned to the Student Health field as Women's Physician at Mills College; she served in this capacity for many years. After retirement from the health field, she continued to give of her wisdom and affection to the students at Mills in the capacity of house mother for several years.

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Malvina Judell '98--(quoted from a letter of Florence Sylvester

Winchell '07): "Dr. Judell's very successful life as surgeon at Children's Hospital in San Francisco has led to a beautiful life of retirement in Marin County. She tends her garden, helps her neighbors, is the idol of her family, and has developed into a serene and kindly Dhilosopher of the Mountain. She has always helped students and young practitioners in her unostentatious way and is still active in many good and forward-looking causes."

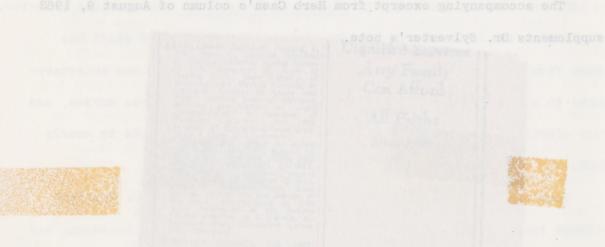
The accompanying excerpt from Herb Caen's column of August 9, 1963 supplements Dr. Sylvester's note.

OF HUMAN INTEREST: It was just a routine obituary notice in the papers. Dr. Malvine Judell, one of UC Medical School's earliest graduates (1898), had died at the age of 86 after a short illness. But to thousands of San Franciscans who never knew her name, there was more to the story than that. Until she broke her hip two months ago, Dr. Judell spent her days on the Muni buses and in the skyscrapers of the financial district—handing out little nosegays of flowers to complete strangers. When asked why, she would simply smile: "I like to make people happy"—the same people who are now sad because "The Little Old Lady with the flowers" is gone.

+ + +

Rachel L. Ash '99 was for many years a very active member of the staff of the Departments of Medicine and Pediatrics and Physician to Women Students in Medicine and Nursing. It is of record that she chose the design for the U.C. nurses' mortarboard cap.

Emma Wightman Pope '99, wife of Saxton T. Pope Sr. '99, practiced with her husband in Watsonville after their graduation. On moving to San Francisco, Emma devoted herself to her home and family, while Saxton joined the Medical School faculty and hospital staff in the Department of Surgery, continuing until his death. Dr. Emma became Secretary of the San



Francisco County Medical Society, filling this post with distinction for many years.

It is of record that the three women in the senior class (Rachel Ash, Emma Wightman, and Vida Redington) gave a tea on the opening of "the new building" (at the present Medical Center) honoring Dr. Beverly Cole, persistent foe of women in Medicine. On this occasion a poster depicting Cole welcoming women at the entrance was displayed, and history relates that "the hatchet was buried."

Marguerite Deininger Keser '02, outstanding family physician with a record of many years of practice in Richmond, California and only recently retired, is a well beloved community figure.

Edith Brownsill '04, one of the best-known early physicians in Berkeley, had a large practice in obstetrics and general medicine, with a reputed 1500 deliveries to her credit. She was a very real friend to the many students who were her patients, and a benefactor to not a few.

Louise Linscott Hector '04 is still doing active work in Berkeley child care centers. Her interesting letter follows:

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Louise Linscott Hector '04 is still doing active work in Berkeley

"There's Just One Girl"
Olive Cordua, M. D.

I entered medical school in August, 1902. The University of California medical department then occupied the central building atop Parnassus Heights, flanked on either side by the dental and anthropology buildings.

Well I remember my first day, nor will I forget the greeting accorded me. As I climbed the wooden stairs of that imposing white-brick structure overlooking the fabulous Golden Gate Park, a group of boys, later identified as my classmates, gave out with the lusty chorus of "there's just one girl." That old brick edifice is to be razed to make room for more and larger modern buildings of the California Medical Center. Almost four years passed without incident. Summer sessions were spent in Berkeley catching up in my academic interests.

A few days before my graduation in 1906 came the calamitous and destructive earthquake and the succeeding fire to San Francisco. The great fire destroyed the entire downtown business section. Since I lived in the center of town, in the Muirhead Building (named for and owned by my aunt), I was located in the earthquake's most devastated area. The roof of the Muirhead building tilted at an ugly angle. One misstep and one could slide right into the city hall which stood behind us and which by now looked like the ruins of ancient Rome!

What to do about all this? I was young, inexperienced and about to graduate. I had a strong desire to chuck the whole thing and head for home--my Montana mountains and my family. On second thought, it occurred to me that my father had made many sacrifices to "put me thru" medical

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school and besides that my "finals" were still staring me in the face. They were due in May, 1906. All finals then were oral—each candidate had a private audience with each professor. No chance to hem or haw or change your mind. This was final! By the grace of God I made it; none of the results depended on my charm, because I didn't have any.

No internship was required during these early years. However, I applied to the Women's and Children's Hospital of San Francisco and was accepted. Another lucky break for me! The staff was not exclusively women physicians but included men from Stanford, as well as the University of California. It was a rotating internship. My experience there in anesthesia stood me in good stead eventually when I had to find a way to pay my office rent.

In 1907, I returned to my home in Butte, Montana. Quite naturally certain things were expected of me. Here I was, a young woman with a medical degree, no money and no job. What does one do in a situation such as this? Again the fates were kind to me. A country doctor in Boulder, Montana needed an assistant. In his newspaper ad he gave no idea of what the job entailed. In answering the ad I gave no idea of my sex-just signed myself as O. V. Brasier, M. D. An interview disclosed that the Elkhorn and Sour-Dough mining villages, fourteen miles up in the Rockies above Boulder, needed a doctor to take care of mine accidents, pneumonias, back sprains, toothaches, home deliveries, etc.

Since I was probably the only applicant, I got the job; it paid seventy dollars a month. The trip to the mining camp was by stage coach, a fancy name for a buckboard wagon drawn by two fractious horses over rutted roads. These bronchos shyed at their shadows which they met at practically every turn in the road. I sat in front with the driver. The

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buckboard was loaded with mail bags, a side of beef for the local butcher, potatoes, rutabagas, fresh and canned vegetables, a keg of nails and a few choice packages for delivery to local residents. All this was covered with a large brown tarpaulin. Each time it flapped in the wind it made a crack-of-the-whip sound which would send the horses into a state of nervous frenzy--and me too!

We were met at the general store, which was also the local post office, by adults and children alike; no radio or television to keep them entertained at home. Somebody's talking machine was grinding out "Sweet Rosie O'Grady." It made me feel like the resident physician in Alice in Wonderland.

In the ten months there I delivered about five babies without incident. Of course traveling to the Sour-Dough mine on horseback, about three miles over hazardous trails with my little black bag attached to the saddle horn left muchtto be desired. However, I had the horse for a companion. It was different during the winter, when I stomped out over the snow with a coal-oil lantern in my hand and a long shadow--twice my size and four times as nervous, walking along beside me. The village dogs barked. From the hills around the coyotes and timber wolves took up the challenge. An eerie feeling claimed me. My life in this little camp was rich with hospitality--whole-heartedly given. As a stranger I stood on the threshold and became an honored guest.

Nature's manifestations were rugged. Thunderstorms came up unexpectedly. The mine and the mill were at the head of the canyon and where the canyon spread out, the village stood. When the storms came they climaxed in a hurry to be compared only to the chariot race in Ben Hur for noise and excitement; the hills shook with reverberations.

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At the end of ten months of seclusion in the mountains, I had accumulated \$350, half of my income. That was enought to furnish "a suite of officer;" in my case two rooms in the State Savings Bank Building. The reception room called for a table, three or four chairs and a pedestal on which stood a wandering ivy plant for color. It took the place of our present day fern or philodendron. The inner sanctum was furnished with an Allison operating table, a desk, and two chairs.

A mystifying discovery was made at this point. The \$350 furnished the offices but did not pay the \$25 monthly rent. I borrowed \$50 from my brother who was then a teller in the bank. That held back the creditors for two months, in which time I had plenty of opportunity to think, since my office was not crowded.

The Murray Hospital of Butte had a contract with the mines to do all their surgery, emergency or other. This naturally expanded to the miner's families. It occurred to me that a qualified anesthetist might be needed there—these were boom days in this copper—mining town. I followed my hunch and applied. After all, I knew how to give both ether and chloroform. Why not give "Murray" the benefit of my experience? I landed the contract. Dr. Tom Murray offered me a magnificent \$1000 a year.

Now I was set! I could pay my rent and pay for a hack to take me around on my few house calls. Sometimes the surgeon at Murray's and his staff (one anesthetist and one nurse) had to make trips many miles out into the country where the kitchen served as an operating room in more than one such emergency.

After my marriage we lived in Helena for a few years, where I resumed my medical activities. Finally we moved to Florida. From there we came to San Diego and have made it our home everysince. In 1923, I

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became chairman of the San Diego County Public Health Committee whose objective was to acquire the services of a Shephard-Towner nurse through the state department of public health and the U.S.P.H.S. In less than a year this was done, and we had the only Shephard-Towner nurse in the state. The nurse's services were loaned to the local Health Department. In time they were taken over and eventually became a permanent part of San Diego County's activity. In 1924, through a civil service examination, I became a member of the city health department staff. My assignment for the first year was to the isolation hospital and V.D. service. There I was given the task of organizing and directing the Division of Maternal and Child Health. To achieve full potential, and make a maximum contribution to the common good, required a forward approach, effective and realistic. By 1925 there had been a consolidation of the city and county departments of public health under the leadership of one health officer. My time was divided between the city and county from that date on, while members of the San Diego County Medical Society gave expert advice and valuable help.

After thirty-four years of service with the San Diego Health
Department I need hardly say that it was with reluctance I left the institution, whose concerns had been the absorbing interest of my life.

About Dr. Olive Cordua

Dr. Olive B. Cordua's career in public health has been outstanding.

Her interest in maternal and child health in San Diego County began years

ago when she was in private practice. As a busy physician she found time

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Throughout her entire career in public health Dr. Cordun hea

always stressed that protection of the public health is a dual responsibility, is equally shared by the private physician and the public health physician. Her remarkable vision has brought many "firsts" in public health and incalculable benefits to the mothers and children of San Diego County.

Dr. Cordua was a distinguished health physician because in addition to her intelligence, devotion and tireless efforts, she was always looking ahead. She had a genius for living in the world of today in a very practical way and at the same time always anticipating the future maternal and child needs in our community.

J. B. Askew, M.D. Director of Public Health

J. B. Askew, M.D.

Romilda Paroni Meads '07, mentioned above as one of the line of women physicians in charge of the Health Service for women students on the Berkeley campus, left that post to devote herself to home and family after her marriage to Albert Meads '08. She has compensated for her retirement from active medical work by giving a son to the profession; he is now Dean of the Bowman-Gray Medical School, Medical Department of Wake Forest University in Winston-Salem, North Carolina.

Florence Sylvester Winchell '07. Daughter of an American-born dentist who, following his graduation from New York University, went to Germany to Practice, she spent her girlhood in Berlin, attending boarding school and later acting as hostess in her father's home, but returning to America to enter U.C. Medical School. At the time of the 1906 earthquake and fire she was on duty at the University's Maternity Cottage in the Mission District. With communications cut and all regular transportation out, she travelled on foot to three hospitals before finding one where the one patient at the cottage could be accommodated. She pressed into service a man she met driving a horse-drawn cart in the wrong direction, and persuaded him to turn about and transport the woman and her newborn babe to the hospital. By the time this had been done and she had arrived at her living quarters, orders to evacuate had come from the police. Bundling what personal belongings they could carry into bedspreads, Dr. Sylvester and her roommate took refuge in Lafayette Square, later moving with other refugees to camp out at Fort Mason. After spending the summer with Los Angeles relatives, she returned to medical school in the fall, and except for a period of car-strike necessitating hiking from the school on Parnassus to San Francisco Hospital on Potrero, the senior year passed uneventfully. After an interneship in Syracuse, New York, Dr. Sylvester returned to Oakland to practice. There

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she became the first hygiene instructor and medical examiner for the girls in the probation home and for the Y.W.C.A. gymnasium, and one of the M.D.'s at the Well Baby Clinic, which was the forerunner of the Baby Hospital. Marriage late in life took the doctor back to New England to live in Connecticut.

From 1908 to 1913 each class included only one woman.

Kate Gompertz '11 was the one woman in this class of six, of whom three, Walter Baldwin, Kate, and Howard Markel chose orthopedic work as their field. A fourth member of the class, Lloyd Bryan, radiologist, always had marked interest in bone conditions. One wonders whether Harry Sherman, pioneer in Orthopedics in San Francisco and chief of the department in the Medical School and hospital, was the inspiration for this striking preponderance in the single specialty.

The following is quoted from a recent letter:

The advantages of small classes allowed us to take everything that was offered and at least gain us a first-hand knowledge (even though sketchy) of the specialties. Our instructors go down in history as great men-Herbert Moffitt, Howard Morrow, William Watt Kerr, Mary Botsford, Douglas Montgomery, etc. We girls were privileged to know such women as Drs. Merritt, Larson, Sprague, Willits, Van Orden, Keyes, and others. (Some of these were Children's and Stanford-Lane staff.) We were all A.E.I.'s those days and met in the doctors' homes.

As students, we held our classes in the clock-tower building with the hospital wwards upstairs. We used to take the air between classes festooned on the bannisters or browsing in the pharmacy to learn a little more about drugs. Dr. Montgomery (Dermatology) used to tell us that we only needed to know a few drugs well and what they would accomplish-such as mercury, digitalis, silver, etc. A far cry from all the new antibiotics and synthetics of today. Another of our



MRS. WILLIAM KOLB gets some expert advice from class member DR. KATE GOMPERTZ and instructor SI OSTERMEIER as she prepares to hang a painting

for the group's exhibit in the Library.



Class members all help put up the show, then "doubled in brass" as hostesses at the tea marking the opening of the exhibit. Here DR. GOMPERTZ wields a hammer while MRS. KOLB teeters precariously on a ladder. Dr. Gompertz, retired from her Berkeley practise many years ago, is a Pacific Grove resident who enjoys weaving and painting.

instructors gave us the sage advice that all we needed to begin practice was a prescription pad and a stethoscope. Then came the flood of new tests, x-rays, and instruments.

Dr. Gompertz practiced in Berkeley and was a member of the student health staff on the Berkeley campus. During World War I she commuted to San Francisce to serve in the orthopedic clinic here, where the staff had been sorely depleted by the departure of Baldwin and Abbott for service in the U.S. Army. Dr. Gompertz was the first woman graduate of U.C. Medical School to enter the orthopedic field. Two others, Frances Baker '30 and Jacquelin Perry '50, have followed in her footsteps. Dr. Gompertz is now retired, living in Pacific Grove and enjoying her hobbies, gardening, weaving, and painting.

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Ellen Stadtmuller '12. Following her graduation, Dr. Stadtmuller was in practice in San Francisco and on the staff of Children's Hospital, serving as Assistant Director of the Communicable Disease Department under Dr. Charles Fleischner. In 1922 she joined the California State Health Department as Chief of the Bureau of Child Hygiene, in which capacity she served until March, 1941. Taking this post very soon after establishment of the Bureau following passage of the Shepard-Towner Act by Congress, she had to combat a good deal of antagonism from members of the medical profession in private practice; but her tact and efficient management eventually won excellent cooperation and built up an excellent department.

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Ruth Risdon Storer $^{\dagger}13$. Serving as the first $^{\mathrm{P}}$ ediatrics intern under Dr. William Palmer Lucas, Dr. Risdon had quarters with the nurses in the rotunda of the old Medical School Building, which then housed hospital and out-patient department. Following this, she became Assistant Physician for Women and anesthetist at the Infirmary at U.C. Berkeley. until 1918, and part-time to 1921, during which time she established the first children's clinic in Berkeley at the West Berkeley Health Center, with use of two free beds at Alta Bates Hospital when needed. Forced by illness to discontinue these activities, after recovery she had well-baby clinics in Berkeley and West Oakland. Moving to Davis after her marriage to Tracy Storer of the U.C. faculty there, she developed a practice in Baby Care by the Year (part of which she still maintains). For over 25 years she has had Baby Conferences for the Yolo County Health Department. She was Assistant County Health Officer and school physician in Davis during World War II and thereafter. She still serves as one of the examining M.D.'s for entering students at U.C. Davis.

Elizabeth Lewis Dunbar '14 was the first one of our graduates, so far as I know, to devote her entire active medical life to missionary work, though Mehitabel Proctor '07 was for a good many years a medical missionary in India, returning to the United States to serve on the staff of a mental hospital, and marrying Dr. Taylor, a radiologist in Cleveland Heights, Ohio.

Dr. Dunbar's modest account of her own career follows:

B. Sc. 1909 U.C., M.D. 1913. Interned in Santa Clara County Hospital and went out to India in 1915 as a Medical Missionary under the Presbyterian Church. In charge of Mission Hospital in Ferozepore, in Ambala City, in Fatahgrah until 1931. Hospitals about fifty beds, large out-patient departments, mainly women and

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children, interesting surgery, at one time also in charge of a hospital for lepers. Married in 1931 to a Scot who was treasurer of our Mission. Then we lived in Dehra Dun and Landour, Mussoorie at an elevation of around 7,000 feet, very beautiful. My husband died in Dehra Doon in 1945 and I was in Ferozepore until 1950, when I retired, and have been living in great comfort in this home for retired missionaries—Westminster Gardens. Most of my vacations I spent in Kashmir of happy memories.

Now--I must admit that I am not an outstanding person and might have been a much better missionary than I actually was. But I had a most enjoyable life for those 35 years. I liked the Indian people, I liked working to finance and keep going the small hospitals, the training of nurses, midwives, and all the affairs of an Indian hospital. I saw the hospitals growing better and better--more equipment, more Staff, more patients--until now there are really almost up-to-date hospitals for both men and women in our Mission area.

I saw the emergence of India and Pakistan with the bloodshed and suffering of millions of displaced Moslems and Hindus, and came out of Kashmir to help open an emergency hospital in the hostels of Forman Christian College, Lahore, to take care of the horribly wounded women and children who were brought to us from the railway station as they were trying to flee from Pakistan to India or from India to Pakistan.

One summer I trekked by pony back from Srinagar, Kashmir into Ladakh, Western Tibet and stood on the first ridge of the Karakoram range looking down upon Leh and the country China is now trying to wrest from India. We crossed from the Indus Valley over the Chobart La at 17,000 feet, in softly falling snow which did us no harm except to spoil our view of the Karakorum Range.

I watched some of the fighting between Indian troops sent in by Mr. Nehru and the Pathans from my garden overlooking Dhal Lake, Kashmir, but I have never felt myself in any personal danger.

Ruby L. Cunningham '14. Serving as Senior Physician, responsible for the care of women students on the Berkeley campus, for the longest period of anyone to date (1919-1944), Dr. Cunningham's influence on the development of the health program was no small one. With Dr. William Donald, Director, she and Dr. Zeff, who succeeded her and served as Acting Director after Dr. Donald's death, had a very considerable part in shaping policies.

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Alice Maxwell '15. A leader in the field of Obstetrics and Gynecology in the United States and for many years full professor in that department at her Alma Mater and an important factor in shaping its policies. Dr. Maxwell's teaching and the example of her superb surgical technique were dominating influences in the training of our students.

Myrl Morris '16, outstanding teacher of practical pediatrics, endeared herself to her classes by telling them how to instruct new mothers as to infants' needs in such important items as diapers and nursing bottles and how to order required supplies from the pharmacist. She spared many of us from untold embarrassment in the early years of practice!

Elizabeth Schulze Heald '17. One of the early women in Roentgenology, active in practice in Berkeley and Roentgenologist at Cowell Memorial Hospital on the Berkeley campus.

Alma Locke Cooke '20 . Her career as Medical Missionary was reported in the Alumni-Faculty Association Bulletin, Fall 1959.

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Lois Pendleton Todd '20, also in the Medical Missionary field, did general medical and surgical work in a 75-bed hospital in North Chinal. Marrying engineer Todd, she went to Peking, where she did limited private practice for seven years and where her four children were born. Following this, she started the Health Service for Peking American School, serving 250 children of all nationalities from kindergarten through high school. In 1938, with the threat of war looming large and with four young children, the family returned to American and settled in Palo Alto, where Dr. Todd joined the staff of Stanford Health Service, with which she remained up to retirement in 1960. She is now doing limited private practice in Menlo Park. Two daughters are physicians; one, a graduate of Stanford Medical School, plans to resume medical practice when her children are in school; and the second, a graduate of Women's Medical in Philadelphia, and mother of two small boys, already serves part-time in Student Health at Colorado College for Women in Denver. Dr. Todd's two sons are engineers, following their father's lead.

Marian Lockwood Moore '22 was a Medical Missionary in India from 1922 to the late 1950's. She added rearing a family to her medical responsibilities when she married a clergyman whose wife had died, leaving small children. Both careers successfully carried out, Dr. Moore is now retired and living in Pasadena.

Amy N. Stannard '23. At the conclusion of her interneship at San Francisco Hospital, Dr. Stannard went to Washington, D.C. for specialty training at St. Elizabeth's Hospital, the Federal Government's widely-known psychiatric center. Her experience with veterans and their families began there following World War I, when she was the first woman physician to be assigned to the men's services. Later Dr. Stannard was with the

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For a brief period in the late 30's Dr. Stannard was connected with the University of California at Berkeley as consultant in Mental Hygiene in the Student Health Service.

Perhaps her most unique experience was the war-time assignment as officer in charge of a "family-style" internment camp administered by the Government in Texas for safe-keeping of men, women, and children of energy nationality. A major function of the staff was guidance in democratic self-government of the camp community, which Dr. Stannard describes as "a very challenging experiment in trying to modify authoritarian ideologies."

Joining the staff of Veterans' Administration in Palo Alto in 1946 as chief of the Convalescent Service, and in subsequent years serving in various departments of the hospital and participating in the Psychiatric Resident Training Program, Dr. Stannard became eligible for retirement under Civil Service in 1956. Maintaining her home in Palo Alto, she enjoys freedom to travel and participate in a variety of lay activities.

Frances A. Torrey '23 was the first woman graduate to specialize in Dermatology. She joined the staff in that department following her graduation, advancing to a full professorship and serving as acting head prior to her retirement. Now nominally retired, she is still active in teaching and Out-patient Department service.

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Dorothy M. Allen '26, a well-known Oakland practitioner, has been a flomed 2- Contra Cataleader in medical affairs, and served as President of the County Medical Society.

Edith M. Meyers '26. Following her residency at Children's Hospital of the East Bay, Dr. Meyers became a member of its attending staff, and has been a very substantial factor in its development to its present stature and prestige. In private practice for many years but now retired from this work, she serves as Director of Children's Out-patient Department and benefactor of the institution.

Edith Young '28 began her career as a nurse at Children's Hospital in San Francisco, went on to medicine, and after doing pediatric practice for a time in Los Angeles, entered the Public Health field. She was Health Officer for a tri-county organization with headquarters in Marysville at the time of her untimely death.

Evelyn Anderson (Haymaker) '28 entered medical school with a Master's degree in chemistry. Dr. Anderson served as Assistant Resident and Resident in medicine after obtaining her M.D., and then spent a year on a National Research Council fellowship at McGill. Three years there as lecturer in Biochemistry followed, after which she returned to U.C. as instructor, then Assistant Professor in Medicine and Research Associate in the Institute of Experimental Biology. Leaving us in 1947, she was chief of the Endocrinology Section of the National Institute of Health in Bethesda, Maryland until 1962, when she became Research Scientist at Ames Ph. Anderson Research Center, Moffett Field, California. She is a member of many honor societies, office holder in endocrine societies, and editorial board member of endocrine publications. She received the Governor General's Medal at McGill in 1935, D. Sc. Honorary Degree from Carleton

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Frances Baker '30. With graduate work in Orthopedics, Dr. Baker was particularly interested in rehabilitation and had a very large part in the development of the Physical Therapy Department. With the dedication of the new Clinics Building in 1933, she became the first Director of Physical Medicine, which position she held until she entered private practice in San Mateo.

Alma Nemir '31. With a keen interest in college health work, Dr.

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president of the Western Branch of the American College Health Association,

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Mary Olney '32. An outstanding pediatrician particularly identified with cardiac conditions and diabetic problems, Dr. Olney is best known to the general public as founder and director of the camp for diabetic children. Impelled by the urge to give this group of youngsters an outlet previously denied to them, she interested young physicians, medical students, and nurses in the project; secured volunteer helpers, backing from friends, Medical Association, and parents of diabetic children; and began the small camp on ground lonaed for the purpose. This camp has grown into the Diabetic Youth Foundation, with its own land and buildings. Starting in 1938 in Napa County with 19 children, it now offers summer camp with all the usual facilities to 300 diabetic children at Bear Meadows, and it is on a sound business basis. Aside from this accomplishment,

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Dr. Olney has been voted "Teacher of the Year" by the medical students and named for the Medical School Accolade in their yearbook for 1953.



DR. MARY B. OLNEY, retiring chairman of the Health Council of the United Community Fund, was recently presented with a scroll of appreciation from council members for her outstanding services during the past year. The first woman chairman of the council, Dr. Olney is clinical professor of pediatrics at UC, executive director of the Diabetic Youth Foundation and vice president of the San Francisco Diabetes Association.

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Portia Bell Hume '38 . Identified with the field of psychiatry since her graduation, Dr. Hume has taught psychiatry in the School of Social Welfare on U.C.'s Berkeley campus, been a faculty member at San Francisco Psychoanalytic Institute and member of its board of directors, member of the Langley Porter staff and director of its Out-patient Department from 1942 to 1947, and organizer of the Berkeley State Mental Hygiene Clinic as a field training center affiliated with U.C. She was instrumental in the organization of Commell's psychiatric clinic, and from 1951 to 1961 was Deputy Director of the State Department of Mental Hygiene, with the responsibility of developing and administering the program of community mental health services and clinics throughout the state. Since 1961 Dr. Hume has been Director of the New Center for Training in Community Psychiatry at Berkeley. She is Associate Clinical Professor of Psychiatry in our Medical School and member of medical and psychiatric associations, of the groups for the advancement of psychiatry and the Governor's Committee on Continuing Medical Education.

Ellen Brown '39. Dr. Brown's association with her alma mater dates from her graduation, but includes two years in Berkeley in the Student Health Service and as Research Assistant in the Institute of Child Welfare, and three years absence on fellowships: 1944-46 in Physiology at Harvard Medical School--Commonwealth Fund, and 1958-59 at Oxford, England-Guggenheim.

She is now spending half time in teaching (Professor of Medicine) and the balance in research as a member of the staff of the Cardiovascular Research Institute. Over the years she has done valuable studies on blood volume with Dr. James Hopper Jr.; peripheral circulation and storage capacity function and other circulatory subjects. Dr. Brown is the author or co-author of more than 60 publications and preliminary reports which

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Dorothy Horstmann '40. During twenty years' association with Yale Medical School Doctor Horstmann has done clinical teaching and investigative work in the field of infectious diseases. In 1961 she was named Professor of Epidemiology and Pediatrics, the first woman to attain a full professorship in Yale Medical School. Her account of her work follows:

My research has been chiefly in connection with poliomyelitis and other virus diseases (hepatitis, Coxsackie and other enteroviruses, Teschen disease, etc.); and some 75 papers have been published (as well as the section on virus disease in Meakins Practice of Medicine). The investigations have been along epidemiological and virological lines, and field studies have been carried out in Egypt, Lebanon, Morocco, Tahiti, Germany, Guatemala, Costa Rica, and several other countries.

There have been several assignments for the World Health Organization: in Geneva in 1958 as a member of a study group on "Immunological and Haematologic Surveys" (served as rapporteur); and in 1959 as a special WHO consultant to evaluate oral poliovirus vaccine programs in the USSR, Poland, and Czechoslovakia.

Honorary degrees and awards:

Award from Albert College, Ontario, Canada, 1953. Honorary Doctor of Science, Smith College, 1961. Honorary Doctor of Medical Sciences, Woman's Medical College of Pennsylvania, 1963.

Phyllis Edwards '42. From 1946 to 1949 Dr. Edwards was resident at Barlow Sanitorium for tuberculosis in Los Angeles. In 1950 she went to Copenhagen, Denmark as medical officer in the Tuberculosis Research Office of the World Health Organization; she remained there for five years. In this capacity she travelled in various parts of Europe and the Middle East in connection with research projects on tuberculosis. Since 1955 she has been with the Research Section of the Tuberculosis Branch, Communicable Disease Center, U.S. Public Health Service, in

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She is a member of many honorary and scientific societies.

Dorothy Horstmann '40. During twenty years' association with Yale Medical School Doctor Horstmann has done clinical teaching and investigative work in the field of infectious diseases. In 1961 she was named Professor of Epidemiology and Pedastrics, the first woman to attain a full professorship in Yale Medical School. Her account of her work follows:

My research has been chiefly in connection with pollomyelitis and other virus diseases (hepatitis, Coxsackie and other enteroviruses, Teschen disease, etc.); and some 75 papers have been published (as well as the section on virus disease in Meakins Practice of Medicine). The investigations have been along epidemiological and virological lines, and field studies have been carried out in Egypt, Lebanon, Morocco, Tahiti, Germany, Guatemala, Costa Rica, and several other countries.

There have been several assignments for the World Health Organization: in Geneva in 1958 as a member of a study group on Timmunological and Haematologic Surveys" (served as rapporteur); and in 1959 as a special WHO consultant to evaluate oral poliovirus vaccine programs in the USSR, Poland, and Czechoslovakia.

Honorary degrees and awards:

Award from Albert College, Ontario, Canada, 1953.
Honorary Doctor of Science, Smith College, 1961.
Honorary Doctor of Medical Sciences, Woman's
Medical College of Pennsylvania, 1963.

Phillis Edwards '42. From 1946 to 1949 Dr. Edwards was

resident at Barlow Sanitorium for tuberculosis in Los Angeles. In 1950 she went to Copenhagen, Denmark as medical officer in the Tuberculosis

Research Office of the World Health Organization; she remained there for

five years. In this capacity she travelled in various parts or surope

and the Middle East in connection with research projects on tuberculosis

Since 1955 she has been with the Research Section of the Tuberculosis

Branch, Communicable Disease Center, U.S. Public Mitalth Service, in

Washington, D.C. Dr. Edwards holds the rank of Medical Director in the Commissioned Corps of the Public Health Service and is chief of the Epidemiologic Studies Unit of the Tuberculosis Branch. Her main work is concerned with planning, directing and analyzing results of studies on epidemiology of tuberculosis, other mycobacterial and systemic fungus cum laude infections. In her spare time (!) she has earned an M.P.H. degree from Harvard School of Public Health (1958), and is a diplomate of the Board of Preventive Medicine (Public Health) 1959. She is presently Visiting Lecturer, Department of Preventive Medicine (September-October '63) here at the Medical Center.

Adeline Pendleton Satterthwaite '42. After interneship at Los Angeles County General, and Assistant Residency at Margaret Hague Maternity Hospital in Jersey City, Dr. Pendleton served as Resident in Obs-Gyn at Presbyterian Hospital, San Juan, Puerto Rico for two years, 1944-46. Thwarted by war conditions in her plans to go to China as a medical missionary soon after her graduation, she kept the goal in view. and After her marriage (1944) and the birth of her son in 1947, having studied the Dr Satten th Walte Chinese language in U.C. Extension program, went to T'ungchow, Hopei, China as Physician, American Board of Commissioners for Foreign Missions at Lu Ho Hospital, remaining until 1951. During this time she was Instructor in School for Training Rural Health Workers (Midwifery Program) in T'ungchow and physician for Public Health Maternity Clinics in Peking. In 1952 she returned to the United States and spent a year as resident in Gynecology at Woman's Medical College Hospital in Philadelphia. Then she served as Resident Obstetrician and Gynecologist at Ryder Memorial Hospital, Humacao, Puerto Rico until 1961 under appointment of the Board of Home Missions of From 1961 to date (1963) she has devoted her time to Under the auspices of W. H.O. and en her present position have been published.

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Research in Contraceptive Methods at Ryder, work which she started in 1957. She is also a Research Associate in the Department of Obstetrics and Gynecology, University of Puerto Rico School of Medicine. The importance of her work needs no emphasis in this day of population explosion. Numerous articles have been published and papers reporting her studies presented at conferences of such groups as the World Congress on Fertility and Sterility and the International Planned Parenthood Federation.

These then are some of our early women graduates who have earned recognition and reflected credit and honor upon U.C.'s Medical School. It has been a privilege to record their attainments, and I hope that a later chronicler may carry the list further

Elizalier A. Davis M. D. 1923.

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Elijalech a. Bain M. D. 1913.

MEDICAL MISSIONARY

Dr. Alma Cooke, who tried retirement a couple of years ago and didn't like it, celebrated her 72nd birthday on the job at a mission hospital in Southern Rhodesia, Africa, on May 2.

Dr. Cooke took a job she originally applied for nearly 40 years ago.

In 1920, California-born Alma Cooke, daughter of a Congregational minister and fresh out of medical school, applied for a missionary post in Africa with the American Board of Commissioners for Foreign Missions, overseas agency of the Congregational Christian Churches. Since there was no opening in Africa for a woman physician, the Board asked her to go to China instead.

She did and stayed for 30 years, serving in two isolated American Board hospitals on the plains of overpopulated Shantung Province. Forced by Communist pressure to leave in 1949, she spent the next few years in Ann Arbor, Michigan, on the staff of the student health service of the University of Michigan. When the university of fered her retirement in the summer of 1957, she decided that unemployment was not her cup of tea and that she would volunteer her services to the mission work to which she had dedicated herself for so many years.

Now serving at Willis F. Pierce Memorial Hospital at Mount Silinda, five-foot tall, spry Dr. Cooke looks forward to "helping out in the work here for several years as needed."

Although she expected to be "just a pair of extra hands," she soon found herself fully occupied. "I am in charge of the women's and children's wards, maternity, and most of the outpatients," she says. "Although this is officially a 60-bed hospital, we care for well over a hundred patients a day. They are on all the verandas and in all the hallways where there is any space to lie."

Dr. Cooke delivers babies for \$1.50 each, the going rate at the mission hospital. Other rates are 3 cents for a clinic visit; 21 cents a day for a hospital bed with food; 14 cents if the patient brings his own food; and \$2.80 for a major operation. Although the fees charged are small by American standards, Dr. Cooke says they are about equal to what American hospitals charge in relation to the earning power of the Africans. Fees are charged to help maintain the pride of the patient. Most, however, cannot afford to pay.

The witch doctor is still a lively competitor of modern medicine, says Dr. Cooke. Many patients come to the missionaries only after unsuccessful

GOLD-HEADED CANE AWARD

The traditional Gold-Headed Cane and Hippocratic Oath ceremonies of the University of California School of Medicine were held on June 8 in the Guy S. Millberry Union at the U. C. Medical Center.

The Gold-Headed Cane, an award adapted from early English medical history, is the school's most highly prized student award. It is given annually to the senior student who, in the judgment of classmates and faculty members, has best exemplified the qualities of the true physician during his clinical training. Chad Calland was the recipient; Howard Morelli and Arthur Weber received honorable mention.

Dr. Leon Goldman, associate dean of the School of Medicine, presided over the pre-commencement gathering and distributed other awards to the graduating class, including the \$500 Borden Award for outstanding student research to Henry Ralston III for his work on "The Pattern of Cutaneous Innervation of the Human Hand." Dr. Henry Brainerd, chairman of the Department of Medicine, presented Gold-Headed Canes to the student winner and to the principal speaker, Dr. Dana W. Atchley, professor of clinical medicine, emeritus, at Columbia University College of Physicians and Surgeons.

Dr. Roberta Fenlon, president-elect of the San Francisco Medical Society and associate clinical professor of medicine at the University of California, administered the Oath of Hippocrates to the 80 new physicians — 70 men and 10 women.

The 23rd Gold-Headed Cane presentation was sponsored by Dr. Brainerd; Dr. William J. Kerr, professor of medicine, emeritus (who adapted the award from 17th century British tradition in 1939); and the Gold-Headed Cane Society.

The original Gold-Headed Cane was carried in succession by several distinguished British doctors beginning with John Radcliffe, physician to King William III. It is now in the British Museum. An unusual feature of this year's observance was Dr. Kerr's presentation to the Medical Center Library of several canes which have historical interest. One was carried by Dr. Obed V. Harvey, a pioneer California physician, who was one of the founders of the California Medical Association in 1956. Another was given to Dr. Kerr

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Dr. Alma Cooke

treatment by one of them, their bodies scarred in grim testimony to their failures.

Halting and afraid, the African appears at the hospital entrance. He would be terrified to be left there alone without his relatives; therefore, the relatives move in, too, sleeping under the bed and helping with his care until he can go home again. Except in cases of extreme illness, they cook his meals for him over little fires built on the hospital grounds. The hospital feels that the presence of the relatives is vital to the recovery and security of the patients and they are always made welcome.

The hospital, high in the mountains on the edge of a massive mahogany forest, was founded in 1912 by the Congregational mission board. Thirty other American Board missionaries serve in the area.

Mt. Silanda is 130 miles from Umtali, a modern city with a population of about 14,000 Africans and 7,000 Europeans. Only an hour away from the most primitive kraals, its stores sell everything from American soap chips to drip-dry clothes.

Dr. Cooke takes the language problem, like everything else, easily in her stride. In Angola, Portuguese West Africa, where she served for a year before crossing the continent to Southern Rhodesia, the two languages used were Portuguese and Umbundu. "I spoke English and Chinese!" says Dr. Cooke. "It wasn't too easy to get the history of a patient's trouble when the questioning had to go through four mouths — mine in English to the missionary who has no medical training; hers in Portuguese to the African nurse; his in Umbundu to the patient;

the reply coming back all over again in reverse through the same channels."

While in Angola, Dr. Cooke wrote the alumni office: "Were you awarethat Africa is cold? Parts of it are one of them being Angola which is on a plateau 6000 feet in altitude and now in the winter time it even gets cold enough to freeze a thin layer of ice in the low-lying river bottom. That is one surprise I got on arriving in Africa. Another is the amount of abnormal obstetrics I'm meeting here more in a month than I saw in a year in my 30 years experience in North China. Contracted pelves, retained placenta, placenta previa are very common so caesarians and other operative obstetrics are very frequent.'

The language problem is not so great in Rhodesia, where English is fairly well known. However, it would take more than a few African dialects to jar the calm of Alma Cooke. Thirty years in remote rural areas of China where the people often believed she had cut out the hearts and eyes of children to make her medicine have prepared her for almost anything. One of the hospitals in which she served at Lintsing was the only one in an area of five million people. It was turned into a base hospital for wounded soldiers during the Japanese invasion. Dr. Cooke was taken prisoner during World War II by the Japanese. A year later, she was repatriated. She returned to China after the war, but was forced to leave again by the Communists in

A native of Oakland, California, Dr. Cooke received her B.S. from the University of California in 1911 and graduated from the School of Medicine in 1920.

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Feb. 4, 1963 16 Sunset Drive, Berkeley

Disabeth A. Devis, M.D. (Louise Healor letter)

laar Doctor:

So much water has passed under the bridge since my graduation from U.C. Med. in 1904. It is hard to know what to report.

I'll begin with the Medical School.

The school was in the new building on Parnassus Ave. There were (33?) boys and girls who entered the freshman class in 1900. In 1904 when we graduated, there were I boys and 3 girls. The boys had dropped out mainly for financial reasons. We had to pay tuition which seemed high in those days. Some could not make the grade.

The faculty was made up of fine dedicated men, giving their services for the benefit of humanity - no salaries: Dr. Moffitt; Dr. Kerr; Dr. Sherman; Dr. Montgomery; Dr. Won Toffman etc. We had a few, of course, not so good. Our class sent a committee to our iean, Dr. D'Aucona, reporting one doctor giving poor instruction and wasting time telling and did a good job.

We three girls had a very good relationship with our classmates. Edith Brownsill and (then Louise Linscott) and John Chain were graduates from U.C. in Berkeley. We had wrked on committees and projects together on the Berkeley Campus. So John Chain's respect mi consideration for us keyed the respect for us among our new classmates.

The laboratories were small and the class was divided into three groups for laboratory wrk. We were divided alphabetically. According to our names: Brownsill, Linscott, and Webster, each group had one girl. Each group would brag about the ability of their girl. Mur third girl, Hannah Webster, was a trained nurse and I think she topped us all in Scholarship and understanding especially in the Hospital work.

One incident which happened to me at the County Hospital seems funny to me now, but it didn't then. One of our rough doctors was handling a small boy with a broken leg. began to feel faint and thought that I had better get out of the room. I did and when came to I was on the porch of the hospital and two old men patients were helping me: he was fanning me with his hat; the other one was sprinkling my face with water from is hat. I came out of it and I made the old men promise that they wouldn't tell anyone. didn't want the boys to know that I had fainted. The two old men kept the secret. hey were on hand every time I came to the hospital after that. It made a new interest or them. I took them some fruit, some magazines, and my mother's cookies. We were riends.

The Childrens Hospital

(Three of us from U.C. Med (One from Los Angeles (One from Davenport, Iowa (One from Penn. State

(Dr. Crabtree was Resident Physician

(Dr. Adelaide Brown The women (Dr. Emma Sutro Merritt doctors at (Dr. Lucy Sprague

(Dr. Emma Willits

(Dr. Mary Botsford - anaesthetist

who succeed the freehour class in 1940. In 1948 when we graduated, there were and a girls. The boys had dropped out mainly for financial reasons, we had to raculty was made up of fine dedicated and applying their nervices for the benefit of the colors of t to we've will alies here the word over of the bottomen to the bottomen took over . cof. foom s a counti steam and projects toyether on the Horsteley Corpus. Se John Chain's research

There were a number of men doctors also. Dr. Lucy Wanzer had patients there. Delieve she was the first woman doctor in San Francisco.

My San Francisco Experiences

Dr. Margaret Mahoney asked me to be her assistant. She was planning to go to Wienna for courses in gynecology and psychology and wanted me to get acquainted with her patients. Dr. Mahoney was an Irish Catholic and very earnest. She had a large practice in the South of Market area. So most of my work and my most interesting experiences were in that area.

Then came the earthquake, I was delivering a baby in a cottage on Howard St. between 3rd and 4th. I had called Dr. Mahoney for help as I had to apply high forceps. The baby came and I was tying the cord when the earth shook. Dr. Mahoney reached over and blew out the lamp, a coal-oil lamp. She had been tutored what to do as she had experienced an earthquake before. I managed to tie the cord and sever it.

A policeman rode by on horseback with a megaphone telling us all to get out on 4th St. warket, that we were being surrounded by fire.

Our problem - how to get our mother and baby out. The mother was groggy from the anaesthetic and didn't know what had happened. We got her out (but this would take another chapter to tell.) We sent her up to the Emergency Hospital. When we walked up there we found that it had collapsed. The policeman told us that some patients were taken to the Presidio and some to the Mechanics Pavilion and that they needed doctors there. We trudged on to the Mechanics Pavilion. Our patient was not there but we were needed. Later the Mechanics Pavilion caught fire and there was a wild scramble to get the wounded out. A woman, Colonel Eby of the Salvation Army met the situation. She had a triangular gong, a megaphone, and a list of the doctors' names. She called "Dr. So and so take aisle I, Exit 3; Dr. So and So aisle II, Exit 4 (and on down the line.) Those who can walk must walk. Those who can't walk have those men near carry them out." Every-one worked and the place was soon empty. Every living soul was taken out.

On the fourth day after the earthquake I got back to my parent's home in Berkeley.

I was put in charge of the contagious camp in Berkeley. Seven large tents were put up: we had one for scarlet fever; one for diphtheria; one for whooping cough; two for measles; one for nurses' quarters; and one for supplies, foilet, tubs etc. It rained hard and one night one of the tents collapsed on the nurse and me and a small patient who had pneumonia following measles. Luckily I was stooped over the child listening to his heart so I received the impact of the falling tent on my shoulders and back. The murse crawled out and ran for help. Worth Ryder, a college boy who was in a little turret tabin on the grounds telephoned police and offered us his bed for our child. He had had the measles. August Vollmer, a young policeman, came on his bicycle to help. The child was taken to Ryder's warm room, clothes changes, a clean bed -- 2 hours later the child's temp went down and the little fellow lived.

Berkeley a town of 6000 grew to 10,000 almost over night. We had no clinics and no hospital. In the winter of 1906, Dr. Edith Brownsill, my classmate; Dr. Robert Hector, a classmate also and now my husband; and I established the Berkeley Clinic with Lrs. Phoebe Hearst's financial assistance. Dr. Robert Hector took the men patients, Dr. Brownsill the women, and I took the children. (This was the start of my becoming a pediatrician). We organized a Board of Directors and Dr. Robert Moody who was a professor at U.C. Med. became president of that group. The city of Berkeley took over after a while and now Alameda County runs it for indigents.

There were several women doctors in Berkeley who did excellent work: Dr. Bancroft with the women on the campus; Dr. Brownsill delivered 1500 babies as well as taking care of many women and children patients; Dr. May Sampson, well liked and always busy; Dr. Mable Bennett was one of the doctors who helped organize our Well Baby Clinics;

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(u.c. Med 1917) (//)

Dr. Jewel Fay helped in our Child Guidance Clinics and is now working in Richmond, Calif. in the schools Child Guidance Clinics.

I lost track of the San Francisco doctors at the time of the earthquake. I became so occupied in Berkeley with all its confusion and needs and lack of facilities.

I worked with Dr. Vladamir Podstata, psychiatrist, for six years in the Berkeley Schools. He was making a study of delinquency: its causes and ways to control it. I became aware that our schools needed changes and that the parents, the teachers, and the general public should better understand the child and its needs. I gave talks to the P.T.A. groups and to church groups and teacher groups asking more help from the schools and the parents in curbing delinquency.

I was elected to the Berkeley School Board and served for sixteen years - and was its president for ten years. I was also president of the California School Boards Association for two years.

In Berkeley, we had a good police department under Chief August Vollmer; a cooperative superintendent of schools, Virgil Dickson and cooperative teachers and parents.

We had wonderful success with our program. When World War II took place and so many wrkers were imported for work in the industries and mothers worked too; things began to get out of hand.

My work now is in the Ghild Care Centers. I have the care of the Mursery Schools children, 2 yrs. to 6 yrs. old. We have three of these schools in Berkeley. They are financed by the State and are under the care of the Berkeley Board of Education.

I examine the child on entrance; make a chart and bring the child's defects to the wither's attention and advise her where to get help. I do not treat the children. We have good cooperation with our Berkeley institutions: The Berkeley Clinic, the Herrick Espital Clinic, and the Children's Hospital give our children care at a very nominal cost. The ophthalmology Dept. of U.C. will take care of eye defects.

Back to the Childrens Hospital - one little incident.

Bennie was a foundling. He was left in the Ferry Bldg. at birth. He was now ten Vears old, very dwarfed and had a very large liver the Xray showed. He was alert and intelligent.

One of the U.C. Medical Profs brought his class to the hospital to see Bennie. His liver size was all outlined in blue pencil on his body. The doctor was saying how Waluable this liver will be to medical science when — He stopped as he didn't want to say "when he dies" before the child. Bennie spoke up: "Doctor, how valuable is my liver, wat is it worth?" The doctor answered, "about \$100." Bennie: "Alright doctor, you pay 100 now and you can have my liver when."

Louise L. Hector, M. D.

. Javel Populated in our Child to Land Thindox and is now working in Richmond, Calif. . vonespriile pridus al singuency . .band to don Je yer size was all outlined in blue pencil on his body. The docuor was saying how



A.E.I. Picture

(Names--left to right)

Alma Nemi	r
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Frances Baker

Mary Olney

Hulda Thelander

Hilda Davis

Concessa Craviotto

Lena Engst

Dorothy Kemp

Adele Schmidt

Thelma Harmon

Teru Togasaki

Esther Rosenkrantz

Maude Vermeys

Eugenia Herron

Elizabeth Davis

Beryl Seike

Emma Sutro Merritt

Evelyn Anderson

Ruth Smith

Leela Stevens

Jessie Bierman

Frances Torrey

Kathleen Mahoney

Alice Maxwell

Alice Bepler

Violet Bathgate

Hildegard Waasa

Edith Stoker

Dorothy Atkinson

Sophie Loven

Helen Tong

Edna Jacobsen

Mary Botsford

Olive Fedde

Wenonah King

Dorothy Morse

H_{elen Burroughs}

Hildegard Henderson

Jeannette Abbott

Karolina Jump

Beulah Ream

Florence Sylvester

A WORTHY ALUMNUS

A Worthy Alumnus

by

Margaret Althausen

Foedor Leonidowitch Althausen was not born in the bull rushes, but he could be said to have pulled himself up by his own bootstraps. His story is not one of "from rags to riches". It is rather "from relative comfort, to mild poverty, to success", but from it's variations it makes a story worth telling and I hope that I can get enough of the facts out of him to get it down in proper sequence for my creature is diffident when it comes to talking about the dragons he has skinned. He seems to regard his medical career as no more nor less than was to be expected. If things had gone differently in his mother country, he says with candor, he would have become a naval officer or have had an equally interesting life in the diplomatic service. This is not said in pride. It is more in the complacent spirit of "these were the roads open to me".

Oddly enough Ted does not admit that he ever had any problems in his child-hood and whenever one of his confreres talks about an adolescent rebellion or feelings of inadequacy Ted acts as though this were something totally outside of his personal experience. I'm not so naive as to be fooled, and several times I have caught him unaware such as the time when at the age of 13 his new gun went off by mistake so he was deprived of the weapon on his spring vacation to the country, and how he was doubly embarrassed because he had bragged to his friends about owning "a 22" and had to turn up without it. I can't make out just why there is this reluctance to talk

Margaret Althunen

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about the normal frustrations which occur in every family and I think it may be connected with a fear which he, like so many of his sex, have of being in need of psychiatric help. In fact when I question him about his youth in connection with writing this up for William E. Carter, our old and intimate friend, I get all the facts but very little of the feeling that went with them. Anyway, let us get on with waht we have.

On July 25, 1897 a first baby, a boy, was born to Elsa and Leonid Althausen in Pernau, Esthonia. The boy's father was working in the Institute of Forestry, in the department of agriculture of the czar's government, of which he later became director. Elsa was over 30 years of age at the time of her marriage and the babe was fervently wanted. He weighed 5 kilograms when he finally arrived a month overdue, but those were the halcyon days when the dangers of post maturity to the newborn were still unheard of, and in this case they apparently did not materialize. The child was named Foedor after the oldest brother of his father who had died as a youth. The second name, which translates "son of Leonid" was automatic and as immutable as the surname. From the multiplicity of photographs in long christening robes, beribboned bassinettes, on a bear rug in the altogether, and in the arms of various raw looking peasant maids paid to ride herd on him you can see that he was at least over accentuated if not down right spoiled for the first four years of his life. Then his brother Leonid Leonidovitch arrived. The name Althausen, being of German origin, needs a bit of explanation. Although Director Althausen had learned German and had passed his doctorate examinations at the University of Rostock, his family had been intermarrying with Russians ever since the bearer of the name had come down to Esthonia at the time of the crusades and

shout the normal frustrations which occur in every family and I think it may be connected with a fear which he, like so many of his sex, have of being in need of paychiatric help. In fact when I question him about his youth in connection with writing this up for William E. Carter, our old and intimate friend, I get all the facts but very little of the feeling that went with them. Anyway, let us get on with waht we have.

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remained to marry a local girl. The family had become established and the babe's grandfather was now a wealthy manufacturer of fabrics and owned large mills in the same town in which the old crusader had put down his armor. Like other missionaries, they had come to do good and had done well instead. They had over the years become good Russian citizens, and there was a strong family tradition of having at least one member of each generation serving either in the navy or in the diplomatic corps. Ted's father had been a great disappointment to his parents by taking an interest in plant genetics and staying with the newly born science. The old man was determined to win his son's oversized new born babe back into the family tradition and he laid plans early for one day when the child was sleeping quietly in his crib an emmissary from the czar arrived and placed a decoration on it. The proud grandfather had engineered things by donating a large sum of money for the building of a new Greek Catholic church in town. This was the first skirmish in winning over the child into the navy or diplomatic services. In years to come, as a boy and as an adolescent, Ted spent many happy summers back in Pernau in his grandfather's acres, riding a special pony of his own, giving orders to the servants, ordering both pie and cake for lunch, and listening to anecdotes of bravery or battles of wit won by various Althausens on the fields of war or diplomacy. So sure of his own worth did the child feel that he never really figured out till he was about twenty years of age one day that he really had'nt done a thing to earn that medal from the czar.

As children Ted and Lonja (pronounced Lonya) were not sent to school. A male tutor was employed to teach them at home. The directorship of the experimental institute brought in much honor but a salary of sufficient modesty that they were always

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glad for the lavish gifts of fruit and cloth that poured in from the grandfather in Esthonia to their home which was in St. Petersburg. There was always plenty of cheap labor in those days, so they had a yard man and plenty of maids around to fill the kerosene lamps, do the cooking and washing, and housework and take care of the children and dogs. The housework did not consist of turning a few gadgets and buttons. The split birch wood logs had to be brought in and the various stoyes stoked through out the house, the double windows had to be put up in the fall with hydroscopic material to absorb the moisture between, in the fall and the saurkraut made up in barrells and put out behind the kitchen door to freeze with a hatchet hanging beside it so the cook could hack off a hunk and put it in the stew pot for thawing for supper. Cabbage must have been the only source of vitamin C to most of the peasantage in the winter and a cornerstone to the Russian survival as a nation. The cooking in those days was a real Paul Bunyan project. There were times during the fruit or berry season when it required the whold servant staff as well as Elsa, who professed to be employed in a purely advisory capacity but knowing her busy hands I doubt it, for everything had to be preserved at home. Canned goods were practically unknown and when they arrived it was looked upon with distrust. In addition the semi-weekly bread making was a task in itself. In the late spring great blocks of ice the size of caskets had to be sawed from the pond in the garden and dragged into the ice cellars to last all summer long and keep things cool. Then there were the warm cellars to keep things from freezing in the winter.

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was to delouse the creature with a turban of kerosene worn overnight around the head before allowing her to enter the servant's quarters. After that she was taught her duties the way Elsa liked to have them done. None of those slovenly country ways or those fancy city notions for the Althausen maids. In addition to the humans there were always a herd of large dogs around the place, great Danes, St. Bernards, or Irish setters. These lived in their own residences out back of the house. But from time to time there would be a fox terrier assigned to the interior, and Ted maintains there was no jealousy or class distinction and perhaps he is right for I never knew anyone who knew dogs better than Ted. He was probably a dob in some recent reincarnation.

To hear him recount the happenings of childhood you get the impression that they were haloyon days spent playing with the gardner's son and various cousins who would come to visit and stay for two or three months. Summers when he was not visiting grandparents in Pernau the family would all go to the Crimea where they swam, picked fruit, played with the Tartar children, learned to climb mountains. At the age of twelve Ted took up the hobby of shooting crows with a 22 rifle in the large vegetable and strawberry patches surrounding their home. Gradually this interest expanded into hunting excursions to the country with the dogs, sleeping in the peasant homes.

At sixteen years of age Ted took examinations and entered the "gymnasium" in St. Petersburg. Apparently learning came easily to both children for they did not cram for examinations. They were avid readers at an early age going rapidly through most of the Russian classics and extending into Jules Verne in French and covering a surprising amount of English literature in Russian translation. They particularly

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enjoyed James Fennimore Cooper's Leather Stocking, Dickens' Pickwick Patpers, and Mark Twain's works. It seems strange to me that the humor of the latter could be distilled into a culture and language that was so different.

At 19 we find Ted the medallist of his graduating class, but as world war I had broken out by that time a certificate was given in place of the gold medal. He was accented on his credentials to the University of Petrograd. During the autumn of his first year at the university he went on a hunting expedition and became the victim of a serious accident. It took place in a remote Northern village. One of the boys, Nassoaff by name had twice been reproved by the other boys for going around with his safety latch off. He had reluctantly secured it when suddenly they flushed a rabbit and it ran right in front of Nassoaff but he failed to even open fire. The two disgusted boys came back to give him the works the way boys will. Nassoaff exasperatedly started to demonstrate how he had seen the rabbit in plenty of time, aimed his gun, forgetting all about the safety being on, when he pulled the trigger and -- Bang!! At that moment Ted fell into the mud. He did'nt feel a thing. He knew someone must have gotten shot because Nassoaff started to cry. He was astonished to find his thigh all bloddy and his musculature all mixed up with his trouser legs. So he was the one! Nassoaff had again forgotten to put the safety on. Then followed the long ride back in a horse drawn cart, the sending of telegrams, and the tiresome train journey back to Petrograd, a debrident in which they did'nt even attempt to remove the shot which he wears to this day, but the mud and cloth and left overs of detached flesh were gradually avulsed with the aid of Dakins tubes over a period of weeks. That pretty much took care of his first term in the university, but fortunately they only gave examinations once a year in Russia, so Ted in order to pass the time in bed got hold of a disarticulated skeleton and a few text books and

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by the end of the year he had passed all examinations and was offered an assistantship in osteology for the following soring. But before the next semester had opened Ted's mother who had instigated the medical studies became more reconciled to the idea of his entering the navy as Ted felt that anything of a non military nature for him was shirking his duty.

He went in person to get the forms for application at the naval academy headquarters and received a blow when he learned that the deadline for applying had passed several days before. Discouraged, he walked back to catch the street-car home. The car was a long time coming and he was busy turning over in his mind other means of getting in. He remembered having read of the possibility that the Naval Academy might open up another school in Sebastopol and he decided to go back to the office and find out if he could get into that. At the desk there was a different face. The officer whom he had recently interviewed had gone to lunch. The new man informed him that his information was not quite correct. They were merely going to move the naval academy to Sebastopol during the months when (Petrograd harbor) was frozen up solid. He was sympathetic and asked Ted what sort of grades he had gotten. Then he passed over the application blanks and told him to fill them out on the spot and that he was the sort of material the navy wanted. He tucked the application into a pile he had on the desk. This was the move that started Ted on his trip toward the new world.

Basic training completed in Petrograd, the midshipmen boarded the Trans-Siberian Railway for Vladvostok where they boarded the Orel (eagle), an army passenger ship which had been converted into an auxiliary cruiser. Basic training had weeded out some students. In the Orel more were disqualified on account of

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seasickness or inability to climb the ratlines, or other inadequacies in the handling of small boats. Then they were off on their first cruise to Nagasaki Hong Kong and romance. What a life for a young boy!

In Hong Kong the news from home was disconcerting. The second revolution had broken out and the modern socialistic government of Kerensky had given way to the more radical well organized communists under Lenin. It was here that some of the midshipmen reported overhearing plans among the professional crew to overthrow the officers and take the ship back to Vladivostok. The captain thought it wise to contact the British port authorities and together they decided to more the ship to an anchorage further out in the harbor where no damage would occur to the city. Before daylight the next morning the officers overpowered the sentries at the amunition racks and the crew and midshipmen were mustered on deck. They were told to line up in two rows; one for these wishing to return to Vladivostok, the other for those wishing to remain with the ship. The entire professional crew chose to leave. Two midshipmen left with them under the pretext that their families were in exposed positions which would leave them vulnerable in case their actions were known at home. The crew was sent to Vladivostok on a British transport. Only then did the old boatswain come out of hiding and declare himself loyal to the Naval Academy. They gave him an ovation. The port authorities sent over a tug to transport the officers to two destroyers that had accompanied the Orel in order to go through the same routine.

The midshipmen were despatched aboard the tug which was armed to the teeth, they boarded and piped the crew on deck and gave them the choice or remaining with the navy which was loyal to the old regime or going back to Russia and taking

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their chances with the revolutionaries. The crews deserted the ships and the old regime practically to a man and the destroyers were then put in mothballs for the time being. The authorities at Hong Kong did not withdraw the credit of the Orel and arrangements were made for the French to take over running her with the Russian boys of the naval academy acting as crew. Meanwhile Ted and the boys explored the oriental joints, sailed around the harbor in small boats and took the tramway to Peak Victoria. It was here that Ted tasted his first banana split at an ice cream parlor called the Blue Bird Cafe, a gustatory experience which has remained enshrined in his memory. Also it was here that he ordered grapefruit, expecting something really delightful like a grape only larger and being disappointed in the lsour anaemic green orange which was reality. There is a fascination about Hong Kong and there was always a good book and a bunk to call you own at nightfall.

The Orel was reconverted to her old status as a cargo carrying passenger ship under the French navy as ships were scarce due to the depredations of submarine warfare. The Russian boys took the ship as far as Saigon where they resumed classes ashore, and the Orel proceeded to the Isle de Reunion off the African coast under Russian officers and Chinese crew. The naval academy students enjoyed exploring the environs of the city under the group security of their classmates for several months before the good news came that admiral Kolchack had taken posession of Siberia when the rest of the class returned to the fatherland but without Ted. He had developed a mysterious fever and was left in the military hospital at Cap St. Jaques.

In the French colonies when there was a fever of unknown origin one question was asked: - "how long have you been in the colonies?" If the answer was "over three months" the did'nt even bother to take a blood count or test the urine. Shots of quinine were administered. And what shots they were! The syringe was of "horse size"

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and it felt like liquid fire as it entered the vein and it left him with swimming head, ringing ears, and semiconscious.

It was over a month before the Orel re-entered the harbour, and Ted was residing in the hospital recuperating from the medication as well as the disease for the interval but he had taken advantage of the swimming on the nearby beach and had become acquainted with a French doctor who took him into his home for an occasional meal. The doctor had been presented physician to the king of Cambodia and had been presented with a couple of the kings dancing girls as a special reward for his services. The "maison a troi" had produced a sizable family to which five children of a friend had been added when the friend and his wife had succumbed in a cholera epidemic. The doctor gave each of the boys an education in a French "licee" and the girls got the local convent education.

It was while in Cambodia that Ted had his trip to Ankor Wat, a trip which took more than a week, first going up a river in a boat thru the jungle, then by car over a country road and finally on foot wearing rubber helmits, coats and boots and brandishing a machete as protection against the many varieties of snakes which dropped from trees as well as slithering along the ground. No one could keep dogs in this country because they were sure to end up as a bulge in the figure of a boa constrictor. Even today with polivalent antivenins available snake bite is one of the chief public health problems. In those days it was formidable.

Ted shipped out on the Orel as assistant to the doctor on her second trip to Mauritius and the islands off the African coast. It was in this capacity that touching at Isle de Reunion they found an epidemic of bubonic plague raging. Being short of medical care the inhabitants made a request for the ship doctor to come ashore and Ted accompanied him. It was a picture of the black death in the town and there was

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only medicine of a palliative nature that they could administer, but they did a great deal of excellent work in seeing to it that the dead were properly buried in quick lime. Up until the time of their arrival the death rate had been so high that the population had dug shallower and shallower graves and finally had not been able to bury them at all, merely leaving their dead wrapped in a sheet often in front of their homes. The dogs of town and the rats had propagated the disease eating human flesh. Flies swarmed. The babes found in homes without adults were fed and often on the return an hour later in the area the babes had succumbed too. They remained altogether a week on the island before the good public health proper burial began to cause the epidemic to burn itself out. The doctor and Ted each received a citation from the French colonial government for their part in the disaster.

Back in Hong Kong the Orel took in tow a disabled destroyer in order to return to Vladivostok in the company of a second destroyer. Admiral Kolchack had taken over the central government in the homeland and peace seemed imminent. They had gotten as far as the gulf of Korea before the next problem assailed our travellers in the form of a typhoon. For two days no bearings could be taken, and all they could do was to head up into the wind and pray that the tow rope would not part. The signals were sent out for the other destroyer to handle the storm as best ti could without trying to stay with the Orel. During those days it was impossible to build a fire in the galley so only cold food was served. Keeping the prow to windward necessitated their making two complete circles without knowing exactly where they might be heading. On the third day the weather abated sufficiently so that they got a bearing on the sun. Ted requested from the captain and to this day has the chart upon which this wild journey was projected. They put in to a small port in Korea in

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search of their lost convoy and Ted and a French officer went ashore in the small boat with a Chinese crew to make inquiries. They found that the destroyer was safe in another port so proceeded with their charge to Vladivostok.

Vladivostok was not the peaceful place that they had imagined. World War I was over so far as Europe was concerned and there were a Region of Check prisoners who had taken matters in their own hands and commandeered a train and made their way there in order to be repatriated to their own homes by means of allied ships who had come to their aid now that Czeckoslovakia no longer belonged to Germany. There was latent anarchy in a group of Japanese who were reluctant to leave Siberia now that the Russians showed signs of going to pieces. All sorts of conflicting political feeling and rumors ran riot. The bolsheviki became brave and started snipping from the hills overlooking the harbor. Admiral Kolchack and been killed and the reds were moving in gradually on Vladivostok. As Ted was still aboard the Orel in the harbor and the rest of the midshipmen had moved back on board he followed the orders of the captain. A whole flotilla was in the harbor and people who wished to escape from the inevitable onslaught of Communism were moving with their families aboard in order to make a break for the free world. The communists had taken some of the forts at the entrance of the harbor before the night of the escape, but fortunately they had aboard some officers who knew these ramparts well and they also knew that during the war a shortage of guns on the western front had caused certain of the cannon to be moved from their emplacements and that the harbor which was mapped out into a checkerboard with each cannon covering a certain square, now had only alternate squares protected. So by steering their ships out in short tacks they could keep to the free squares and avoid trouble. One boat had engine trouble

in the manouver and all her passengers had to be taken aboard the other ships. They were on the high seas again, but with no place to go in particular. The Orel put in at the Japanese port of Hokudate. Here, Ted decided that the future even in the free world might be rather uncertain and he decided to try to get an Esthonian passport from the consul in that city. The latter advised him to leave the ship and try to make his way alone as he felt his chances would be better, so Ted obtained permission from the captain and went to Kobe. Here he learned that the Russian attaché in Shanghai had money to dole out to military personnel who knew what they wanted to do and Ted conceived a plan of going to France for an education. He had saved several hundred dollars in Indo-chinese piastres from his work in the French colonies. He wore them in a belt around his middle. So he was able to move on to Shanghai only to find that the attache would dole out a very small sum only to get him out of Shanghai but there were no passages available for France as a great many Europeans who had escaped to the orient to avoid the war were already in possession of all the bookings to Europe for a year to come. His problem was solved for the present as he promptly got the chicken pox and was hospitalized in a French hospital. But here again persistance and a little thought placed him in a position to move. He decided to try to get an English visa and go to France via Canada on a Japanese vessel. He went back to Kobe and secured a ticket. Here he met a Russian cavalry officer whose family knew the Althausen family. While waiting for the sailing of their ship the officer found out that there was an American vessel that needed firemen and he convinced Ted that it would be of advantage to him to land in Seattle with a lot of money in his pickets than to arrive in Canada after spending a lot for a passage. He got a refund on his ticket and took the job of fireman on the West Ivis, counting on the

fact that even though he had no United States visa it would be cheaper for them to deport him to Canada where he did have a visa than back to the orient.

He and the cavalry officer landed in Seattle and asked permission of the immigration officer to go ashore. He gave them a copy of the Russian Bible and asked them to read just to make sure they were litterate, had them pay a head tax of \$8 a piece and the United States was theirs. It was simple. While in Seattle he heard there was a medical school in Berkeley. There was none in Seattle. He decided to get a job on a boat headed for San Francisco and look it over. Those jobs paid good money in the post war times and one could get rich while seeing the world. There was only one requirement to working on a United States boat. One had to join the union, so he was duly initiated into the union of Firemen, Oilers, and Water Tenders. Arriving in San Francisco he made for the University of California, arriving there at noon. He wandered up into the department of Anatomy and into a laboratory, there being no secretaries around to stop him. He ran square into the one person whom one would expect to find around the anatomy laboratory at the noon hour, Dr. Herbert Evans. At that time Ted spoke no English, but found that Dr. Evans could understand German so he made his enquiried in that language and Dr. Evans was encouraging about his prospects of joining a class in the following fall if he could earn a bit of money on the ships in the interim, it being then the month of May. He continued working on the coastal vessels all summer long and studied English assiduously from books which he had bought. For a few weeks at the end of the summer he worked in a shipyard. He had amassed the sum of \$800. He found a cheap furnished room with a bed, a table and a naked electric light called his home, and signed up for "subject A", English for Foreigners, and a course in George Bernard Shaw's plays which he did not

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realize was only for advanced English students. In addition he was taking inorganic chemistry, zoology, and embryology. He got a job "hashing" at a fraternity house for his board. It was in the latter capacity that he met Dr. Jesse Carr who has remained a friend thru the years. At the end of the term Dr. Evans who had seemingly forgotten all about him called Ted and asked him with some trepedation how his grades had been. He had gotten a B in the course on Shaw, but had made straight A's on all other subjects. The great Evans seemed visibly relieved. From then on grades gave Ted no trouble and at the end of his medical course he was at the head of his class and 54 grade points above the next best student. He received scholarships during this entire period, but of course he continued to work both summers and during the school term for board and room. At first this work consisted largely in taking care of gardens, washing windows, painting houses, and "hashing" but later he crashed the outer shell of the academic field by becoming assistant in the anatomy department and taking smears on Dr. Evans' rats.

It was during this third year in medical school that he decided to drop the "hashing" as a modus vivendi. He was then getting a small room in exchange for keeping the garden at the home of Berkeley doctor. He decided that eggs were a cheap form of protein so he bought a barrell full of waterglass and put down twelve dozen of them fresh from the ranch while he still was able to get them at the cheap summer prices, and he bought a small tin contraption that acted as a stove over a can of sterno and set it up along side of his cold water faucet on a shelf. Thereafter the morning ritual consisted of putting 2 eggs into his large tin cup, covering them with water and allowing them to come to a boil. Water glassed eggs crack when they reach that point, so he'd take a glass of milk and put the two eggs on a slice of bread and use the hot water for shaving. At first it all seemed to be the answer to the busy student's

realize was only for advanced English students. In addition he was taking inorganic chemistry, zoology, and embryology. He got a job "hashing" at a fraternity house for his board. It was in the latter capacity that he met Dr. Jesse Carr who has remained a friend thru the years. At the end of the term Dr. Evans who had seemingly forgotten all about him called Ted and asked him with some trepedation how his grades had been. He had gotten a B in the course on Shaw, but had made straight A's on all other subjects. The great Evans seemed visibly relieved. From the near on grades gave Ted no trouble and at the end of his medical course he was at the head of his class and 54 grade points above the next best student. He received schelarships during the school term for board and room. At first this work consistent wit taking care of gardens, washing windows, painting houses, and "hashing" but later he crashed the outer shell of the academic field by becoming assistant in the sastomy department and taking smears on Dr. Evans' rats.

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prayer, but after a month or so eggs, break and milk for both breakfast and dinner became a bit monotinous. Of course his mid day meal at the various short order stands nearby gave him the variety that kept him sane. However he would find himself faking a walk around the campus, working late in the laboratory, or using any excuse conceivable to keep from facing those two eggs at nightfall. He never considered himself put upon by fate. In fact he considered himself lucky to be able to eat three meals a day and to be doing work which he loved and learned in the bargain. Then he remembers that after a couple of months he no longer dreaded that evening repast. He took his two eggs without noticing them. They were like the air one breathes or the water one drinks, without taste. Sunday however was a day to indulge the gustatory senses. He went down to Boos Brothers cafeteria and for 75¢ procured himself a Lucullian repast off the steam table. He sat with his tray at a table near the window where he could watch the peopel pass and the street lights come on. Life was good. The ideas of studying in Paris left him cold. The United States was the place where one could really learn and Berkeley was the hub of the United States.

At this point one should mention Ted's guiding star, the great man who determined the careers of so many young scientists in the making, Dr. Herbert Evans, I suppose the psychiatrists of today would call him a father image. The term falls far short. He was sort of a God image to the budding scientists in their embryonic form. Dr. Evans had everything. He was tall, good looking with a well modulated voice and an ease in picking the right word in even the most casual of conversations. He worshiped science, not medicine alone but all science. He loved his laboratory so much that the ten hour day of the times was not long enough. You'd find him down there at eleven thirty at night. After a dinner party Dr. Evans would excuse himself early

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on some pretext and slip back to the laboratory to put in a couple of hours before bed time. Dr. Evans was not only a god to the males who were looking around for some great figure to pattern after, but he was catnip to women, -- not the kind of women students who were overtly looking around for sexual experience. His terriffic standards were too frightening for them. But there were a few of the girls who had less disease insight and did'nt know exactly what they were seeking who pounced on him as the ideal man-god and applied to his department to be able to worship in no matter what minor capacity. They worked like beavers in order to get the slightest twinkle of approval at the corner of his eye. And Dr. Evans was no easy master. He demanded not merely good work of his students and himself. He demanded perfection! And he usually go it. He did not crack the whip over his desciples. He didn't have to. A mere astute question well placed or a correction of a slide not glistening clean in the hand of a student was enough to put everyone on his mettle to bring out the very best in all. One student upon making application for helping on a certain project was asked what foreign languages he could muster. German, wal all he could honestly claim. Dr. Evans told him to go and learn French and Italian and then come back. Another young lady who was put to work washing glasswear in the department for apy when she felt that she deserved an office job was quietly fighting back the tears alone in the laboratory when the great Evans happened to come in. He understood the problem at a glance, rolled up his sleeves and washed with her, all of the time talking about the necessity of having glasswear spotless for this type of work, so one could'nt entrust it to just anyone, could one? He then went on about the dignity of manual labor and cited examples of various people of fame who had come up through the ranks benefitting the experiences of wielding a pickaxe or a shovel. The girl began to see the job in another light and decided to stay on. It was

enough to be able to be included in the weekly discussions at which all the satelites gathered around to compare the progress made and value the next step to be taken in the work. To be his assistant was Heaven, and to be a secretary of his was such a great honor that coming back to work on Sundays or getting up at five in the morning to get out a piece of work was never demanded but it was given before the request was made.

It was during this period that Ted was given a sub-project in the famous vitamin E experiments that Dr. Evans was doing. His particular topic was the pathology of gestation in vitamin E deprived rats, and no one in the department gave more overtime nor found a greater interest in his little cog in the great machinery of science than did Ted. He remembers one particular day when Dr. Evans was away on a lecture tour and Ted wired him that he had discovered a failure of the haemopoetic mechanism of the deprived embryos as a much earlier manifestation than any others and how proud he was that the great scientist had used this piece of information in his lecture without checking it himself.

Working for Dr. Evans was not all a one way street. In addition to conferring dignity on every job, no matter how trivial, Dr. Evans was kindness itself. He saw to it that scholarships came his way. Several times Ted was called in and given a hundred or two dollars whom "someone wishing to remain anonymous had placed at the disposal of a deserving student". Ted always suspected that these were outright gifts from the pockets of the great one.

In the spring of 1922 Ted received his A.B. degree. He had already gotten elected to Phi Beta Kappa the year before. He had masters degrees in anatomy by 1925 and his M.D. degree by 1926. He became assistant resident in medicine in 1926 and 1927 and then chief resident in 1927 till 1929 when he received the title of Assistant

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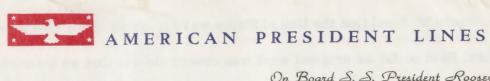
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Professor. The following year he was awarded a Guggenheim fellowship in Germany and France where he found that the United States was far ahead of the latter countries in the medical field so far as original work was concerned and that we were rapidly pulling ahead of the enviable position which Germany had once held. He was invited to remain on the faculty of one of the German universities but in spite of his slight foreign accent he considered himself no longer a European but a staunch defender of the American way of life and hardly gave the invitation serious consideration.

The attributes which impelled this human being to go onward through a maize of obstacles somewhat greater than beset the ordinary youth even of that day are the following: - His unalterable integrity which were as much a part of the man as his hands and feet. Ted can't tell even a polite lie without wincing in discomfort. It has made him a less facile dinner conversationalist, and a poor politician, but a good scientist and a dependable citizen. His next most outstanding attribute is his habit of weighing carefully all the evidence at hand, slowly coming to a logical conclusion then going through fire, water, and copper pipes to do the logical thing. By his bull-dog tenacity he merely begins where other people leave off. He is not a wise-cracking speaker full of quick repartee and he can't repeat a joke without losing hold of the punch line somewhere near the middle and then going back to put together the shambles. Yet in the relasation of his own home where he is not on guard because of "intruding guests" his reactions are delightfully full of humor and his remarks are rib-ticklingly pithy. In the medical field Ted has made fewer mistakes than the average doctor. I would say. This is because he refuses to render an opinion unless he has practically done research in the subject at hand. Consequently when he does speak it is worth listening to. He has given the impression of restricting his field markedly by saying



DR. & MRS. THEODORE L. ALTHAUSEN

On Board S. S. President Roosevelt CAPTAIN F. E. ANGRICK, U.S.N.R. (Ret.), Commanding

Dear Dr. Carter:

You know from our card that we are aff on a trip to the Orient.
This letter will give you a few more details about The part of our time opent in the Philippines although we are now actually in Japan.
Show Olivares Concof my former graduate students and now one of our Student Infirmary doctors) wrote about our trip to several of her friends in Marrith who gave us a V. J. P. treatment and introduced us to many metables among them The Tres dent-elect of their Medical Association, the Rector Magnificus of the Santo Vhomás Minversity, the Surgeon Ceneral of the Armed Forces and wany others.

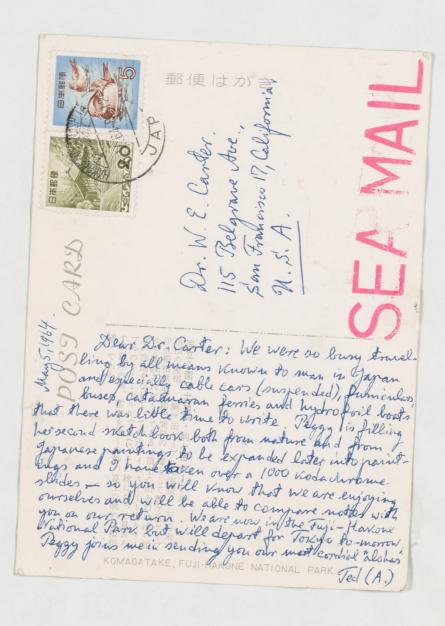
After the receptions and finners were over the Director of Philippine Tourism arranged for us to Love a trop into the interior of Lug on where the men still wear only a breech cloud and aduably travel from food) with spears. The women are dread only from the waist Lown. After a hard all day drive from Bagio - a famous mountain resort about 150 miles from Mamila - at least 130 miles over a one way road along a precipice with vertical difficience the El Capitan in Yosemite on the other side we reached Banave where vice terraces are cut put of the mountains. These terraces run from the anountains for thousands of steep slopes down to river garges and form the most beautiful pattorns. Peggy went large with her swetch book and 9

On another try we took a canoe ride up and down some river rapids at the bottom of a gorge with sides up to over 1000 feet high and overgrow with all kinds of hanging plants including many orchids. And on a still another try we saw a large roolcame crater with a lake in it which had another vulcano with another laste in the middle of it!

It present we are in Japan and band the wonders of the start of the cherry blossom season. When we arrived in Rusto the decidnows trees were still have but after five days of unusually warm weather the cherry blossoms wintually exploded so that one could see it. In the morning many large blossom but started opening and by late afternoon about one balf of lack, cherry free was in bloom! These frees grow in profusion whild on the hills and in spots cover solidly juntelarge areas. It think you can imagine them over the places which re saw on your recent trip to Japan.

New York • California • Orient • Round the World Ted + Veg (Alshausen)

JUST . 8 "I don't know" when what he meant is "I know little more than the average textbook tells on this subject". Any individual who has unlocked a few secrets in science is wise enough to be humble.



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YOUR HOSPITAL

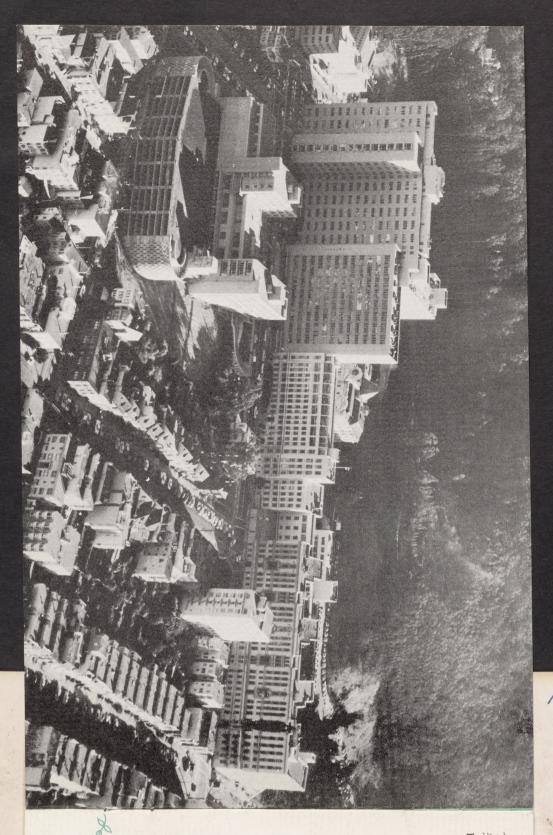
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YOUR HOSPITA



SAN FRANCISCO MEDICAL CENTER UNIVERSITY OF CALIFORNIA



The Medical Center in 1960.
Aerial view of the growing campus.
The tallest building is the
H. C. Moffitt Hospital.

WELCOME ...

When you have health needs that cannot be met fully at home or in your doctor's office, you turn to the hospital, an organization providing services of all the health specialties.

You become the center of attention for these many specialties when you are admitted to this hospital. Here, the highest skills of modern, progressive medical and hospital care are at your service at all times. We have prepared this booklet in the expectation that you will want to know about the many people and services that are focused on your care and recovery.

Harold W. Kitson

Harold H. Hixson Administrator

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YOUR MEDICAL CARI

assurance of a high professional standard. such care is a vital part of the University's of the diagnosis they have made in your case. skilled professional men and women on the basis course of treatment is established by these school. These doctors are supervised by faculty Please consult your doctor if you have any educational and training program and is your fessional people who question and examine you; You may wonder at the large number of promembers of the School of Medicine. Your tended by members of the Resident and Intern Staff, all of whom have received the degree of you are in the hospital. Staff patients are atresponsible for your medical supervision while familiar with your medical needs and is entirely Doctor of Medicine from an approved medical Your doctor is in full charge of your care. He is



questions about your medical care.

Should you require the specialize

Should you require the specialized services of an Anesthetist, Pathologist, or a Radiologist, full-time faculty members in these fields are on the Staff to serve you. When surgery is performed, the anesthesia is administered by a physician Anesthetist who remains in constant attendance during the operation. The Pathologist and the Radiologist are readily available to consult with your doctor in diagnosis and treatment.



Progressive Patient Care is an advanced concept which is defined as the systematic classification of patients according to the level of service their medical condition requires. The primary purpose of this classification is to provide our patients with the highest quality

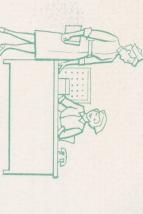


of beneficial care. In keeping with this concept, the Hospitals provide units especially designed, staffed, and equipped to handle each stage of the patient's illness.

The Intensive Care Unit. The function of the unit is to centralize in one service area patients who are critically ill and who require and will benefit from a heavy concentration of highly skilled medical and nursing care and close and frequent observation. The Intensive Care Unit is provided with the latest scientific equipment, life-saving apparatus and special supplies. The concentration of personnel and equipment in one location provides for immediate response to the slightest change in the course of the patient's recovery.

The Acute Nursing Units are staffed and equipped to care for the acutely ill patient whose medical requirements do not necessitate Intensive Care. These units are organized so that patients with similar medical problems are located in the same area of the Hospital.

X-ray.



Bedside conference in the teaching hospital.

Left to right: Student Dietitian, Dietitian,

House Staff Physician, Patient, Student Nurse, and Graduate Nurse.

latory and can care for his personal needs. medical condition warrants and if he is ambu-Unit upon the request of his physician—if his patient may be admitted to the Minimal Care ices provided in the Acute Nursing units. A does not require the nursing and ancillary serv-"self-care," is for patients whose condition The Minimal Care Unit, sometimes called

and degree of care necessary at each stage of treatment. Progressive Care is most beneficial the needs of the patient in providing the kind Progressive Patient Care, therefore, meets

care. is to give you the highest standard of hospital purpose of our Progressive Patient Care units pital, are nevertheless secondary. The primary although important to both patient and hosof a lower total bill. The economic aspects, realized are passed on to the patient in the form sonnel and ancillary services. The savings ing units to those with decreased nursing pernomical too. Hospital costs drop as the patient moves from highly specialized, intensive nursfrom the medical point of view and it is eco-

YOUR NURSING

distinguish these people by their uniforms. Aides, Orderlies, and Student Nurses. You can Registered Nurses and, under their supervision, by Licensed Vocational Nurses (LVN's), Nurse's Your nursing care is provided by graduate

school from which she graduated. Her distinctive cap identifies the nursing The Registered Nurse wears a white uniform.

without a cap. The Nurse's Aide wears a pink coat-dress The LVN'S uniform has the insignia "LVN."

around tunic. The Orderly wears a short, gray, wrap-

sity of California School of Nursing. Her mortarboard cap signifies the Univer-The Student Nurse wears a blue uniform.

special duty nurse; she is in your employ and will submit her own statement to you. he does, the Nursing Service Office will engage a determine that you require a personal nurse. If In certain circumstances, your physician may



Operating Room

OR YOUR CONVENIENCE

A barber will come to your room at your request to the nurse.

request to the nurse.

The Coffee Shop is located on the second floor of Moffitt Hospital for the convenience of your

A chaplain of your faith will visit you at your

A Gift Shop and Information Desk on the main floor in the lobby of Moffitt Hospital is for service to patients and their visitors. The shop offers a variety of sundries and gifts; flowers and plants may also be ordered here. If you are confined to your room, ask the nurse to arrange your purchases or look for the Shop-on-Wheels the

Volunteers will bring to your floor.



The Mobile Library is a free service provided by the Doctors' Wives Association and circulates through the hospital on Monday and Thursday. Mail will be delivered to you daily.

Newspapers will be delivered to your room if you wish.

Parking facilities for visitors are available in the Guy S. Millberry Union across the street from Moffitt Hospital. (See campus map on the back cover.)

Radios are not provided by the hospital. You may bring your own small set. (We cannot be responsible for loss or damage, however.) It will need an adapter plug, a few of which are available on each floor.

Smoking is not permitted in corridors or in the elevators and we ask your visitors to comply with this rule. Also, please be considerate of the other patients in your room.

Bedside telephones are available at no additional charge in all single rooms and in some double rooms. There are no charges for San Francisco calls.

Public telephone booths are located on all patient floors.

Television is available for ambulatory patients in the solarium on each patient floor.

Valuables should be deposited for safekeeping in a self-sealed envelope, which will be placed in the Business Services vault. You are encouraged to deposit any valuables in this manner. The hospital gladly provides this service but cannot assume responsibility for loss of any belongings not so deposited.

VISITING HOURS

Daily 11:00 a.m. to 8:00 p.m. except for the following:

Maternity 1:00 to 2:00 p.m

7:00 to 8:00 p.m.

Nursery 1:30 to 1:45 p.m.
7:30 to 7:45 p.m.

Children 2:00 to 7:00 pm.

Visitors under sixteen years of age are not permitted on any patient floor. This ruling is necessary, for sometimes children are unknowingly the carriers of contagious diseases. Also, children may find hospital visits wearisome, which in turn tires patients and may retard their convalescence.





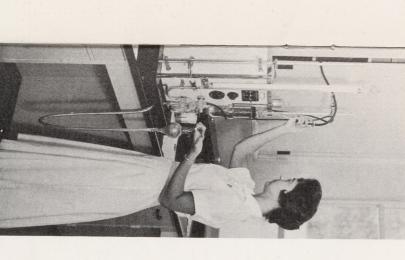


AT YOUR SERVICE

While you are here, many of you will also have direct contact with one or all of the following hospital personnel: medical social service workers, laboratory and X-ray technicians, dietitians, physical therapists, maids, porters, and the housekeeping staff. In addition, you will meet our Volunteer workers who contribute many hours to provide extra services to patients in the hospital.

Besides the hospital personnel with whom you come into direct contact, hundreds of personnel serve you in an indirect way. These include

pharmacists, medical record librarians, surgical instrument makers, maintenance men, carpenters and electricians, animal caretakers, messengers, laundry workers, police, butchers, cooks and bakers, telephone operators, steam- and powerplant operators, plumbers, painters, and many others whose efforts are necessary for your proper care and well-being. Actually, in addition to the physicians and scientists in clinical and research activities on this campus, more than 1,500 people work daily to assure that you receive the highest quality hospital service while you are here.



Clinical Laboratories

HOSPITAL CARE

You may wonder why hospital care costs as much as it does. An average of twenty-hours—the full working time of two and one-half people—is devoted to you every day during your hospital stay. This represents the combined efforts of those who come into personal contact with you as well as those who work quietly behind the scenes. Add to this investment in skilled personnel the expense of medical supplies, food, drugs, clean linens and laundry, hospital technical equipment, and the clinical facilities provided for you around the clock, seven days a week—now it becomes apparent why hospital costs are what they are.

All the services you receive are necessary elements in today's high standards of hospital service—standards that are costly to achieve but essential for the best medical care.



Specially qualified Graduate Nurses care for the newborn.



YOUR HOSPITAL BILL

In accordance with the financial arrangements made with you at the time of admission, your bill-to-date should be paid weekly. Prompt payment is requested because the hospital depends upon regular income to meet its obligations and to provide continued service to the sick.

Hospitalization insurance, if the insurance is included in the San Francisco Bay Area Group Hospital Admission Plan, will be accepted in lieu of the required deposit, provided complete information regarding the insurance policy is submitted at the time of admission to the hospital. Your bill will then indicate the amount the insurance company should pay on your behalf. Occasionally, an insurance policy is invalid or unacceptable. In such cases, the patient will be expected to make a deposit at the time of admission and to assume responsibility for his bill at the time of discharge.

Should you wish to inquire about your bill, please ask your nurse to contact the Business Services representative for you.

A preliminary statement of your bill will be presented at the time of discharge and will show the charges against your account. It will indicate the amount your insurance policy is presumed to cover and the payments you have made on your account. Inasmuch as there may be a few charges incurred immediately before your discharge, a final statement will be forwarded to your home within a few days.

WHEN YOU GO HOME

Your physician will decide when you may go home. As soon as he sets the date, you should arrange for someone to come for you. If you leave the hospital before 1:30 p.m., you will not be charged for an additional day. The person who comes for you should stop at the Cashier's Office on the main floor before 1:30 p.m. to complete the financial arrangements. The cashier will direct your escort to your floor. A hospital messenger will carry your belongings and will see you to the door.

PLEASE NOTE CHANGE

3:30 pm: OB & Pediatric
11:30 am: All Other Patients



HISTORY OF YOUR HOSPITAL

The Herbert C. Moffitt Hospital is a modern hospital of 466 beds which received its first patient in June 1955. The hospital was named for the late Dr. Herbert Charles Moffitt, who served the University from 1899 to 1942 as an inspiring teacher of clinical medicine and as a distinguished Dean of the School of Medicine.

The University of California Hospital was opened in 1917 and continued to serve the public

The Medical Center in 1897. Left to right are the Dental-Pharmacy Building, the Medical School, and the Museum. The Medical School still stands, located behind the Clinics Building.

until the opening of Moffitt Hospital. Since that time, the University of California Hospital has been undergoing extensive alterations and remodeling. The first phase of the remodeling was completed in April 1960, making available 102 single and two-bed accommodations.

The hospitals are two major units of the San Francisco Medical Center and are an integral part of the educational program of the Univer-

sity. They are operated under the auspices of the Regents of the University of California, an autonomous corporation established by the Constitution of the State of California. The Regents have charged the University Hospitals with the responsibility to provide hospital services to patients at the Medical Center. The hospital program is financed, to the fullest possible extent, from the payments made by patients for their care.

The forerunner of this modern Medical Center was established in 1864 when Dr. Hugh H. Toland opened a small medical college in what is now downtown San Francisco. In 1873, Toland Medical College was formally transferred to The Regents as a department of the University of California.

In 1897 the Medical School moved to its present Parnassus Heights location on a thirteenand-one-half-acre site given to the University by Adolph Sutro. This was the beginning of a clinical, teaching, and research center, which has expanded to ninety-six and one-half acres

through the years to include the Schools of Medicine, Dentistry, Pharmacy, and Nursing; the Out-Patient Clinics; the Hospitals; and several major research foundations and institutes. Through the combined efforts of many people and many skills housed in an efficient plant, you will receive here the best possible care and service and will benefit from the many developmental and research programs of the Medical Center.



WOULD YOU LIKE TO HEL YOUR HOSPITAL?

One of the principal sources of help to the Hospital is support through Membership in the University of California Hospitals Auxiliary. Or, perhaps you would like to give of your time and services as a Volunteer. The Coordinator of Volunteers will be happy to discuss with you the many opportunities available on the campus for Auxiliary and Volunteer Service. Her telephone extension is 875.

Some may wish to help by sending a contribution to the Hospital. Donations to the "University of California Hospital Memorial Fund, San Francisco," or to any of the specified funds of the Hospital are welcome. These gifts are deductible from income taxes as charitable contributions. You are invited to direct inquiries to the Administrator or his secretary on extension 266

Costs of providing total care to the sick are often beyond the means of the patient; additional financial support is therefore necessary and is



View of H. C. Moffitt Hospital from Sutro Forest.

available only through your contributions—both large and small. These donation funds enable the Hospital to provide these and other necessities: twenty-four hour special-duty nurses in times of critical need; transportation to and from the Hospital for post-discharge treatments; small toys, play equipment, and the Christmas party for the children; resuscitators used in emergencies of cardiac arrest; wheelchairs or crutches; special feeding devices; custom-made back or leg braces; and other necessities as required—all a part of total care and all utilized in placing the patient on the road to full recovery.



DEPARTMENT OF UROLOGY

VOOLOGIE OF INSTANCES

THE DEPARTMENT OF UROLOGY UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL

In California and at the University of California as in other parts of the United States, the early Urologists were general surgeons and anatomists who became interested in skin and venereal diseases, or as the old statement goes – in the care of those humors best treated with the metallic metals – Arsenic, Mercury, Bismuth, and perhaps Antimony.

Prior to the turn of the century some of the pioneers were: In Britain,
Sir Henry Thompsomand Knowsley Morris; In France, Guyon, Albarran, and
Delefoss; in Austria and Germany, Ultzmann, Kohlman, and Nitze (the father
of the cystoscope); and in the U.S. Keyes, Taylor, Goodfellow and others were
becoming prominent. At this time the whole subject of the Urology was exceedingly
vague – diagnoses were made from symtomatology, urinalysis and palpation.
After the turn of the century with the development of diagnostic instruments and
the use of x-ray, more exact diagnoses could be made and this heralded the dawn
of a new specialty. By 1901 Arthur Dean Bevan was able to diagnose renal calculi
by the use of the x-ray.

In California one of the earliest Urologists was George Chismore who studied at the Medical Department of the University of the Pacific in 1865 and graduated 10 years later after acting as a hospital steward in the army in Alaska and as an Assistant Surgeon with troops in Arizona. In 1880 he limited his practice to Urology and was noted as a Lithotrist. A few years later 1904 Henry Meyer using the Nitze cystoscope removed bladder tumors with a snare.

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in California one of the earliest Urologists was George Chismore who studied at the Medical Repartment of the University of the Pacific in 1855 and graduated 10 years later acting as a hospital steward in the army in Alaska and as an Assistant Surgeon with troops in Arizona. In 1830 he limited his practice to Urology and was noted as a Lithotrist. A few years later 1904 Henry Meyer sing the Nitze cystoscope removed bladder tumors with a snare.

The Bulletin of the U.C. Medical School for the year 1900-01 lists

Dr. John M. Williamson as Professor of Anatomy and Genito-Urinary Surgery.

This is the first mention of Genito-urinary surgery. Dr. Williamson who graduated from the University of California in 1885 was listed as Professor of Anatomy in the Bulletin of the previous year. He had as his assistants

Drs. Cecil M. Armistead, John C. Sherman and George H. Richardson.

In 1901, it should be remembered that there was no U.C. Hospital and that most of the patients were seen in the out-patient clinics on Montgomery St., All surgery was performed at the S.F. County Hospital. In the year 1899-1900 the following surgery was listed on the U.C. service: at the S.F. County Hospital.

abscess prostate	1 case	hydrocosle	4 cases
arthritis gc	3 cases	paraphymosis	1 case
" syphilitic	2 cases	phymosis	1 case
Ca. Bladder	1 case	prostatic hypertrophy	6 cases
Chancroids	4 cases	retention urine	2 cases
cystitis acute gc	3 cases	stricture urethra	6 cases
" chronic	2 cases	syphilis	15 cases
epididymitis	4 cases	gc urethritis	1 case
gangrene penis	1 case	varicocoele	3 cases
gangrene scrotum	1 case	no diagnosis	9 cases

From the report it is not definite whether or not surgery was performed in these cases, and if so, what kind.

In the year 1902-03 the medical school curriculum included thirty-six hours of demonstration clinics in genito-urinary diseases and 108 hours of practical clinics. Dr. E.L. Wemple was an assistant in G.U. surgery.

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In the next few years there was little change in the facilities or the teaching in the medical school. After the earthquake and fire in 1906, the need for hospital beds became so acute that the first two years of the medical school instruction were moved to the Berkeley campus, and in 1908 the second floor of the medical school was remodeled to provide a well lighted operating room with an annex for anesthesia sterilizing and x-ray. In addition there were two wards of 16 beds each and one ward of 28 beds. On the third floor there were two wards of five and ten beds for obstetrical cases. Since the old clinic buildings on Montgomery Street were destroyed by fire, the out-patient clinics were moved to the affiliated colleges on Parnassus Ave.

In 1912 Dr. Will iam B. Willard became an Instructor in Urology and took charge of the out-patient department. At this time there were 11 hours of lecture and 40 hours of section work in Urology for the senior students. In 1914 Dr. Willard became Chief of Clinic with Dr. J.V. Leonard as his assistant. In 1915 Instructors in the G.U Department were Drs. W.B. Willard, Frank Hinman and J.V. Leonard. Dr. Hinman was the Urologist for the U.C. Hospital while Dr. Willard had the S.F. County Hospital. The Medical School curriculum now had 16 hours of Urology for the third year and 16 for the fourth year plus 32 hours of section work. In the medical bulletin of 1916-17 Dr. Hinman was designated as being in charge of the Department; although he with Drs. Willard and Leonard were still listed as Instructors, Dr. Harry Partridge was a volunteer assistant. In 1920 Dr. Hinman became Assistant Clinical Professor of Urology, and his influence on the department and on the Medical School generally was so profound that we might almost divide our history into AH and PH or before and after Hinman.

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Dr. Hinman was born in Oregon, attended Stanford University and received his M.D. degree at Johns Hopkins in 1906. He left his general practice in Spokane, Washington in 1912 after sustaining a hearing loss subsequent to a bilateral mastoid infection. He returned to Baltimore where he trained with Dr. Hugh Young and became the first resident in Urology at the Brady Urological Institute. In 1915 he returned to San Francisco where he was first associated with Stanford Medical School and later with U.C. He was first an Instructor and in 1917 became the head of the Department. In 1920 he became as Assistant Clinical Professor of Urology and in 1923 the Clinical Professor, a position which he held until his retirement in 1950. He engaged in active clinical practice but carried on teaching and research at the same time.

He was "laid low" with tuberculosis in 1922-23 but during this time he translated foreign articles on the embryology of the genito-urinary tract and arranged animal dissections to substantiate his findings, and support the ideas obtained from his reading. This work prepared some of the background for his text "The Principles and Practice of Urology" which was published in 1935.

Dr. Hinman's interests were protean and his lobors Heruclean. His many papers and articles written with his many assistants and associates included the results of various studies, research, animal and human surgery and covered such subjects as renal circulation, hydrophrosis, (for which he received Gold Medals from the A.M.A. in 1922 and 1923) tumors of the testicle, ureteral implants, perineal surgery, renal counterbalance and many other subjects. He was a member of many scientific societies and several clubs and managed to enjoy all of them.

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Those who trained under Dr. Hinman as well as his clinical associates will remember his lectures demonstrations and operative technique in the "7 suture method" of the transplant of ureters into the bowel. Subsequent to his retirement he still kept busy and he published an article on the "Impact of the now physics" in 1961.

The following physicians had varying periods of training under Dr. Hinman as indicated:

John Pruett	1916-17	deceased
Sidney Olsen	1919-22	Clinical Professor Emeritus. Has been in the department over 40 years.
Elmer Belt	1919-21	In Los Angeles
D.M. Morrison	1920-21	In Scotland
T.E. Gibson	1922-25	In San Francisco Asst. Clinical Prof.
Adolph Kutzmann	1922-25	In Los Angeles
R.K. Lee Brown	1922	deceased
A.B. Hopler	1921-22	Port Blakely, Washington
Morrell Vecki	1925-27	Asst. Clin.Prof. still in Dept.
O.W. Butler	1921	Hot Springs, S.D.
Clark Johnson	1925-28	deceased - Asst. Clin Prof 1932 Clinical Prof 1947
William Manuel	1927-28	deceased
W.A. Carroll	1928-31	Asst. Clin. Prof. In S.F.
F.L.A. Gonzales	1927-30	deceased
Oscar K. Mohs	1927-29	deceased
John Sullivan	1928-31	in Oakland
Perry Bonar	1929-32	In San Rafael
E.A. Dart	1926-27	in Oakland

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W.A. Carroll	Asst. Clin. Prof. In S. F.
F.L.A. Gonzales	
	in Oakland
E.A. Dart	

Verne Ross	1930-33	in Stockton
Don Corbett	1931-32	in Spokane
Justin Cordonnier	1933	Prof. G.U. Wash. Univ. St. Louis
W.K. Murphy	1932-35	Asst. Clin. Prof. Yountville
Tracy Powell	1933-35	in Los Angeles
Brent Wayman	1934-36	Weems, Virginia
Henry Weyrauch	1935-37	In S.F. former Prof. G.U. Stanford
Carl Hartwig	1935-38	In Oakland
Sam McMahon	1936-	in Durban, South Africa
Richard Peterfy	1937-41	in Los Angeles
Ector Le Duc	1937-39	in San Diego
Donald Smit h	1937-40	Now Clin. Prof & Head of Dept.
Robert Burns	1938-41	Clin. Instructor, Woodland
James Elliot	1938-1942	Asst. Clin. Prof. Berkeley
Joseph Sorkness	1940-41	Jamestown N.D.
Herel Harrington	1939-42	deceased
T.T. Nickels	1940-43	Oakland, Asst. Clin. Prof.
S.H. Harris	1939-42 1946-47	deceased
R.G. Weaver	1941-45	Asst. Clin. Prof. G. W & head of dept. Urol Univ. Utah, Salt Lake City
Fred Howard	1941-45	Assosciate Clinical Professor
John Schulte	1942-46	Associate Clinical Professor
Juan Aycenina	1942-46	in San Mateo
Myer Brodkin	1942-45	in Beverly Hills

	Prof. G. U. Wash. Univ. St. Louis
W.K. Murphy	
	In S. F. former Prof. G.U. Stanford
	in Los Angeles
	Jamestown N.D.
T.T. Nickels	
S.H. Marris	
R.G. Weaver	Asst. Clin. Prof. G.W & head of dept. U Univ. Utah, Salt Lake City
	in Beyerly Hills

Robert Delaval	1944-47	in San Di ego
Le Grand Hall	1945-47	deceased
Frank Hinman, Jr.	1946-48	Clinical Professor
Wm. R. Smart	1943-44	in San Rafael
Kenward Babcock	1943-44 1947-49	Upland, California
Stan Achmidt	1945-49	Eureka
Thad McNamara	1946-48	deceased
John Barr	1947-50	in Portland
Mathew Marshall	1947-51	in Pitt sburg, Pa.

In addition to those who trained with Dr. Hinman there were others who assisted in the training of medical students and the operation of the out patient clinics and the various hospitals associated with the University during this period. Among these might be mentioned Dr. Lionel P. Player, Associate Clinical Professor Emeritus, Dr. Charles P. Mathe, Dr. Miley Wesson, Dr. Henry Kreutzman, Dr. Occo Goodman.

No account of the Department would be complete without a few stories about Dr. Hinman.

On one occasion after a meeting of the Association of G.U. Surgeons,
Dr. Hinman arranged a dinner at the Family Club. He also arranged to have
Mr. Roy Folger, a local raconteur present, and introduced him to the assembled
gathering as Dr. Schmaltz an Austrian Urologist. After dinner was well under way
and after the usual cocktail Folger arose and said, ''Since I was not permitted to
give my paper during the regular session, I shall do it now''. With this he
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four minutes, during which time - all but Dr. Hinman were quite embarrased, before someone said, "Why, that's a lot of horse manure." This of course broke the spell and made everyone realize that this was just one of Frank's gags.

On another occasion Dr. Hinman had arranged an operative session for Herr Professor Von Lichtenberg of Berlin, at the San Francisco County Hospital. The Professor, at this time had in Berlin an 800 bed G.U. Hospital while there were 12 beds for G.U. at U.C. hospital and some 30 odd at the County Hospital. Dr. Hinman had saved three large luscious prostates for this operative clinic and the professor who spoke no English watched from the stands and had all statements made in English translated to him and his remarks in German retranslated into English. As Dr. Sidney Olsen removed the third fist sized gland the professor could contain himself no longer, and burst out in very good English to say, "Dr. Hinman, - I knew that you had the largest melons, and the largest oranges in California; but this is the first time that I knew that you had the largest prostates."

Dr. Hinman's hearing loss sometimes stood him in good stead; in fact, it is rumored that he frequently heard only those things that he wanted to hear. At one time one of his more wealthy patients who had been having some symptoms of prostatism was all scrubbed and draped and ready on the cystoscopic table when Dr. Hinman entered. As he picked up the scope the patient said, "Dr. Hinman, I have changed my mind, and I don't think that I'll have this done until a later date. "That's fine", said Frank, "Just push down on the table." with which he deftly inserted the scope and there wasn't much the patient could do but relax and enjoy it.

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On another occasion Murphy was assisting Dr. Hinman with a ureteral transplant. The operation had proceeded to the stage when the professor put on his cloth gloves over the rubber ones, the better to hold the bowel for the insertion of the sutures. Says Murph, "Dr. Hinman, are you going to use a pagenstecher." No comment from the professor. The question and response were repeated three times. Finally, Dr. Hinamn said, "What did you say, Murph." Says Murph, "Skip it" The operation proceeded without further comment.

At times when Dr. Hinman was dissatisfied with the work or the activities of his residents he would write them a letter to inform them that their services were no longer desired. One trainee received such a letter on several occasions. Each time he would travel to Dr. Hinman's home to plead his case, and the next day he would be back on the job for Frank couldn't seem to be able to say to a man's face that he was discharged, if he were really working.

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Perhaps this accomplished what he wanted done and thus answered the situation.

When Dr. Hinman retired to become Clinical Professor Emeritus in 1950, for one year the Department was under two heads - Dr. Donald Smith and Dr. Frank Hinman Jr. The following year Dr. Smith became the head of the department and has remained so since that time. The following have received their training under Dr. Smith for the periods indicated.

NAME	PERIOD	REMARKS
Mathew Marshall	1947-51	in Pittsburg, Pa.
William Boyer	1948-1951	deceased
Paul Stratte	1949-52	in Redding, Calif.
Richards Lyon	1948-52	Asst. Clin. Prof. in Berkeley
Jose Galvez		Manila, P.I.
Gerald Miller	1951-53	Denver, Colo.
Harry Pitts	1954-55	Vancouver, B.C.
Kenneth Moslin	1953-54	Eureka, Calif.
G.I. Smith	1950-55	San Jose
Philip Lahr	1953-56	Seattle - Now in anesthesia
Bernard Hymel	1955	San Jose
Rudy Oppenheimer	1953-57	Santa Rosa
Herbert Brody	1955-57 (2 1/2 yrs.)	Brooklyn, N.Y.
Frank Hill	1956-59	Clinical Prof. Urology, in San Francisco
Edwin Roberts	1953-58	in Napa
Revelle Russell	1957-58	Springfield, Ohio

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G.I. Smith		
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	1955-57 (2 1/2 yrs.)	Brooklyn, N.Y.
		Springfield, Ohio

John Huffer	1957-60	Castro Valley
Ronald Tocantino	1957-60	Seattle
Mark Tobenkin	1958-60	Los Angeles
Donald McDonald	1958-61	Vancouver, B.C.
Marvin Jasse	1959-61	New York City
Frank Tavel	1958-61	San Rafael
Robert Ayers	1959-62	Walnut Creek
Alvin Rutner	1959-62	Sunnyvale
Claire Cox		Bowman-Grey School of Medicine
Leonard Plaine		NYC
Theodore Ossius		Annapolis Navy

Still in training are Lee Simmons, Roger Goodfriend, Sumner Marshall, Richard Swillinger, Don Van Giesen, Jerome Weiss, Robert Corbett, David Ferguson and Patrick McLin.

The Department of Urology at the present time (1963) is the only group in the school without a full time faculty. The thirty odd members of the faculty under the chairmanship of Dr. Donald Smith continue to carry on the traditions of the department with a well rounded balance between student and resident teaching and experimental and clinical research. In addition to Moffitt Hospital (U.C.) the department controls the G.U. departments of the Fort Miley Veterans Hospital and the San Francisco General Hospital. It thus provides a urologic training for nine men. New appointees must have had at least an internship and two years of post graduate training in other fields including surgery. In each of the three years of urologic training, the residents spend four months at each hospital. This is valuable experience since each institution has its special types of diseases and

	Vancouver, B.C.
	NYC

patients. Dr. Smith with Dr. Charles D. King care for Moffitt Hospital,
Dr. John Schulte with Drs. Frank M. De Hill and Herbert C. Lee are at
Fort Miley, while Dr. Frank Hinman Jr. and Dr. Fred Howard have the
service at the San Francisco General. These men work closely with their
residents and give them a broad view of G.U. theory and practice. Under
staff direction trainees are encouraged to engage in clinical and experimental
research. Each month eight seminars are conducted by the staff for the
benefit of the residents:

Urologic Pathology with Dr. Schulte and Dr. Oscar Rambo of the Dept. of Pathology
Renal function and fluid on Balance - Dr. Richards Lyon
Urologic Embryology - Dr. Fred Howard

Gross and Micro slide sessions on G.U. problems - Dr. William Smart
Neurogenic Bladder, Ureterovesical reflux - Dr. John Hutch
Pathophysiology - Dr. Frank Hinman, Jr.

X-ray conferences (twice monthly) - Dr. Donald Smith

In association with other departments, the division of urology has conducted clinical and basic research. On Urinary Calculi with Drs. Gilbert Gordon and Felix Klob, on the hypertension caused by renal arterial lesions with Drs. Maurice Sokolow, Edwin J. Wylie and Dr. Alphonse Palubinskas, renal transplants with Dr. James Hopper, the localization and delineation of adrenal diseases with Dr. Peter Forsham, and in conjunction with the department of Neuro-Surgery, a study of the surgical diversion of the cerebrospinal fluid into the ureter or the peritoneal cavity of hydrocephalics.

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Dr. Frank Hinman Jr. with the assistance of Drs. Robert Ayers and Clair Cox is continuing the basic work on smooth muscle regeneration, using new technics such as the formation of bladder tubes and the insertion of millipore barriers.

Other projects concerning testicular biopsy and ureteral substitutions and urinary diversion are being carried out along the lines started by Dr. G.I.

Smith.

Dr. John Hutch, recognized internationally for his work on the ureterovesical junction and the etiology and pathophysiology of the ureterovesical reflux, is studying with Dr. Emil Tanagho and Dr. Robert Ayers, the anatomy of this area, and dissections are being made in all ages from the newborn to the adult.

Another site for research in conjunction with the department of radiology is the continuance of the studies on micturition using cinefluorography. Pressure gauges, flow meters, and a sound track permit the researchers to study every aspect of the vesical function during voiding.

Across the bay Dr. James S. Elliot is actively engaged in research on (1) chemical factors in urine which may be responsible for the development of phosphate and calciumoxalate stones, (2) the study of patients with known calculi with the possible coincidence of parathyroidism, (3) a study of blood loss during transurethral resection, and (4) Cancer Chemotherapy.

Dr. Alex Finkle has been engaged in the following research projects:

The physiologic response of the renal remnant after a one stage surgical removal of 75% of the canine kidney mass. (2) Electronic and biochemical measurements

In the Animal Research Laboratory Dr. Rudolph Oppenheimer is creating defects in the dog ureter and analyzing the factors in healing.

Dr. Frank Hinman Jr. with the assistance of Drs. Robert Ayers and Clair Cox is continuing the basic work on smooth must regeneration, using new technics such as the formation of bladder tubes and the insertion of millipore barriers.

Other projects concerning testicular biopsy and ureteral substitutions and urinary diversion are being carried out along the lines started by Dr. G.I.

Dr. John Hutch, recognized internationally for his work on the ureterovesical junction and the etiology and pathophysiology of the ureterovesical reflux, is studying with Dr. Emil Tanagho and Dr. Robert Ayers, the anatomy of this area, and dissections are being made in all ages from the newborn to the adult.

Another site for research in conjunction with the department of radiology is the continuance of the studies on micharition using cinefluorography. Pressure gauges, flow meters, and a sound track permit the researchers to study every aspect of the vesical function during voiding.

Across the bay Dr. James S. Elliot is actively engaged in research on (1) chemical factors in urine which may be responsible for the development of phosphate and calciumoxalate stones, (2) the study of patients with known calculi with the possible coincidence of parathyroidism, (3) a study of blood loss during transcretifial resection, and (4) Cancer Chemotherapy.

Dr. Alex Finkle has been engaged in the following research projects:

The physiologic response of the renal renmant after a one stage surgical removal of 75% of the canine kidney mass. (2) Electronic and biochemical measurements

of altered renal blood flow during experimentally induced hydroureteronephrosis.

(3) The ureteral catheterization and collection of urine from each kidney in dogs after ureterosigmoidostomy by means of a bowel window. (4) the study of the possible correlation between massage induced elevations of serum acid phosphates and the early diagnosis of prostatic cancer. (5) The analysis of the sera from uremic patients to find earlier and more definitive indices using electrophoresis.

Drs. Schulte and King have studied the urinary cytology from which presumptive diagnoses of vesical neoplasm may be made from a simple methylene blue stain of the urinary sediment.

Dr. Donald Smith has seen an unusually large number of boys with hypospadias in the past twenty years and has one of the largest series of the successful repair of this defect in this country.

Physicians presently associated with the Department of Urology who did not receive their training at U.C. are --

Dr. Alex Finkle who trained at Columbia Presbyterian in New York and joined the staff in 1954.

Dr. Occo Goodwin who received training at the N.Y. Infirmary, at Children's in San Francisco and at the S.F. General. She joined the department in 1933.

Dr. Mark Hand who received his training at Roosevelt Hospital, N.Y.

Dr. John Hutch who trained at the Maguire Vet. Adm. Hospital in Richmond, Va. and joined the staff in 1955.

Dr. Herbert C. Lee who trained at the V.A. Hospital Ft. Miley in San Francisco.

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Drs. Charles Harrod, Charles King and Milton Rosenberg who received their training at Stanford and joined the staff when Stanford moved to Palo Alto.

Dr. Charles Humphreys who trained at Barnes General Hospital in St. Louis and came to the Department in 1958.

In 1963 the Department of Urology had the following personnel:

Dr. Donald R. Smith - Clinical Professor and head of the Department.

Dr. John W. Schulte - Associate Clinical Professor and Vice Chairman.

Dr. Frank Hinman Jr. - Clinical Professor.

Dr. Sidney Olsen - Clinical Professor, Emeritus

Dr. Alex Finkle Associate Clinical Professor

Dr. Fredrick Howard - Associate Clinical Professor

Dr. Lionel P. Player - Associate Clinical Professor, Emeritus

Dr. William A. Carroll - Assistant Clinical Professor

Dr. James S. Elliott - Assistant Clinical Professor

Dr. Thomas E. Gibson - Assistant Clinical Professor

Dr. Occo E. Goodwin - Assistant Clinical Professor

Dr. Mark M. Hand - Assistant Clinical Professor

Dr. Frank De M. Hill - Assistant Clinical Professor

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- Dr. Thomas T. Nickels Assistant Clinical Professor
- Dr. Rudolph O.F. Oppenheimer Assistant Clinical Professor
- Dr. William R. Smart Assistant Clinical Professor
- Dr. Morrel E. Vecki Assistant Clinical Professor

Clinical Instructors

Dr. Philip M. Beglin	Dr. Charles S. Harrod

The Urology Department has come a long way in the past sixty years.

From a department, essentially a venereal disease clinic, with one or two instructors teaching a few students in a very limited program to an integrated urology program with many students and trainees and numerous instructors is indeed a big step. At first there was a limited surgical program (most genito urinary surgery being performed by the general surgeons) limited beds, limited facilities for teaching, and usually undesirable locations for the department, in space not needed for other departments. To-day there are modern offices, laboratories, and surgical facilities for teaching and, research in three hospitals, with fairly adequate beds.

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The department may be said to have moved from the basement and the proximity of all the steam and drainage pipes to the Fourth Floor. Even patients coming to the department do not have to explain to their friends that they are suffering from a "sprain".

Too much kudos cannot be given to the group of Urologists who have given of their time and their knowledge over periods of years, twenty, thirty and more to build this department. They have assisted in the care of the "clinic" or indigent patient, and in addition have trained the medical students and the residents in Urology and have built up this unit to make it one of the most outstanding in the country.

The information for the above abbreviated history was obtained from the history room of the Medical School Library, from Bulletins of the U.C. Medical School, "The History of Urology" Williams and Wilkens 1933, The Medical Alumni Bulletin Fall 1961, Personnel files of the Department and personal communications from members of the staff.

H.D. Crall, M.D. 1963

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